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I S S U E S & C O N C E R N S:

SUMMARY OF PUBLIC HEARINGS AND SUBMISSIONS

PRESENTED TO

THE NOVA SCOTIA ROYAL COMMISSION ON HEALTH CARE

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DEDICATION

To the memory of Byron D. Anthony, Special Advisor to the Royal Commission, whose knowledge, guidance, fellowship and humour are deeply missed.

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EXECUTIVE SUMMARY

The Nova Scotia Royal Commission on Health Care was established to examine the financing and delivery of health services in the province. During the spring and summer of 1988, the Commission listened to Nova Scotians' concerns and opinions about their health care system. From this wealth of information, the Royal Commission has learned that the public does not regard the overall cost of health care as being necessarily excessive, but rather is concerned about the uneven distribution of resources. The Commission viewed the hearings as a forum for discussion of health care issues and a catalyst for debate. The preparation of this volume has helped define the salient issues, and its publication provides an overview of the concerns expressed.

This summary is the product of a three stage process followed by the Commission in its effort to capture the main ideas expressed during the hearings. From the mass of information gathered, the Commission identified and categorized gereral recommendations. These generalizations were synthesized into nine major topics from which five global themes were further distilled.

These global themes are: allocation issues, structural issues, hospital issues, resource and programming issues, and implementation issues. Allocation issues focus on current orientation in favour of acute care and the need to overcome fragmentation in the organization and delivery of services. Greater inter-departmental coordination and a more responsive and decentralized planning process are among the structural issues identified. Hospital issues include the importance of regional coordination and planning of all health services, using less costly modes of providing traditional hospital services. Government ownership and operation of hospitals is also questioned. Resource and programming issues focus on the importance of planning, using alternate health professionals, physician payment schemes and a review of pharmacare. Finally, implementation of the Royal Commission's recommendations is seen as an issue, given the fate of previous reports.

The nine major topics deal with planning, health promotion and illness prevention, provincial coordination, hospitals, homes for special care, home care, health professions, alternative services and delivery mechanisms and funding.

The public hearings have provided the Royal Commission with a superb overview of the issues and concerns Nova Scotians have about their health care system. Informed by these ideas, the Commission is confident its report will fully reflect the views and choices of Nova Scotians.

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INTRODUCTION

Health care costs are consuming an increasing proportion of provincial expenditures across Canada. Last year in Nova Scotia, over one billion dollars were spent to provide medical and hospital services. As costs continue to rise, the financing of these services remains one of the most important and pressing issues facing provincial governments across Canada.

The Nova Scotia Royal Commission on Health Care was established by an Order-in-Council issued on August 25, 1987 (see Appendix "A"). At its initial meetings, the Commission reviewed its terms of reference and drafted a plan of operation involving three streams of activity: public hearings, research, and consultations with selected individuals and organizations in the field of health care programmes and administration.

Extensive and direct interaction with recipients and providers of health care services through the medium of public hearings was deemed essential to the Royal Commission's work. The Commission wishes to acknowledge the high level of commitment that went into the preparation of the submissions, and to express appreciation to the many groups and individuals for the information received. As it travelled to sixteen communities in the spring and summer of 1988, the Commission used the hearings as a public forum to understand how Nova Scotians perceive their health care system. Among the issues brought to the attention of the Commission were perceived gaps and duplications in the system, and the importance of maintaining standards in light of increasing health care costs.

Issues & Concerns summarizes the opinions and recommendations

of the three hundred and twenty-two[1] groups and individuals who submitted to the Royal Commission. Presentations were made by national associations, provincial organizations, local groups, and many concerned citizens (See Appendix D). While the Order-in-Council focuses primarily on issues of costs, administration and efficiencies, the view commonly expressed to the Commission through the public hearings was that the overall cost of health care is not excessive, but rather that resources are unevenly distributed throughout the system. This discrepancy between the public's priorities and governmental allocations was clearly articulated to the Commission, and many presenters suggested a need for a reassessment of policy directions in the health care sector.

Issues & Concerns represents a solid informational and directional basis upon which the Commission will later fashion its own recommendations. Its preparation afforded the Commission an opportunity to consolidate the public's concerns into an information base. The release of **Issues & Concerns** allows the Commission to communicate to the public the broad range of recommendations received.

The content of **Issues & Concerns** is drawn from submissions and transcripts of the public hearings, which fill almost eight thousand pages of text. These were summarized and coded to capture the principal themes that emerged from the public enquiry process. The subject codes were used to classify, as

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1 Three hundred and twenty-two submissions were used in compiling the information in **Issues & Concerns**. As of July 1, 1988, three hundred and thirty-one groups or individuals presented briefs or had indicated an intention to present.

general recommendations, the views contained in the summaries and transcripts. Commissioners and staff then condensed the general recommendations into major topics from which they identified global themes.

The **Global Themes** consolidate the common issues which were brought before the Royal Commission. The **Major Topics** are syntheses of recommendations with regard to the institutions, providers and programmes within the health care field. The **Conclusion** links the results of the public hearings to the next phase of the Commission's activity.

Appendix "A" is the Order-in-Council which sets the Commission's mandate. Appendix "B" names the Royal Commission's staff. Appendix "C" lists names, dates and places of presentations before the Commission, as well as those written submissions received by July 1st, 1988. Appendix "D" is an alphabetical catalogue of submissions by name, while Appendix "E" provides an alphabetical index by abbreviation. Appendix "F" is a compendium of the general recommendations which form the basis of this summary.

GLOBAL THEMES

While numerous specific recommendations were presented to the Royal Commission, several global themes emerged with a high degree of frequency. These have been categorized into five general groups.

ALLOCATION ISSUES

There can be no doubt the current focus of the Nova Scotian health care system is perceived to be largely treatment-oriented. Several presenters observed that the allocation of the majority of health care dollars is towards an acute care model, as opposed to community-based approaches. Many submissions pointed to the lack of a health care continuum in this province. The absence of preventive programmes, extended nursing care and home care were identified as serious shortcomings of the health care system. This lack of comprehensiveness was seen to reflect the necessity for a sound planning process and for policy directions grounded on established needs. It was emphasized that objectives, policy directions and health programmes should be routinely reviewed for effectiveness.

Presentations called for greater integration, cooperation and planning to overcome the perceived fragmentation in organization and delivery of health care services at the provincial, regional and community levels. The Commission was told that the current focus on centralized control serves to make the system rigid, inflexible and unresponsive to regional needs.

Suggested alternatives involve the reallocation of resources to

allow for new and innovative programmes, better coordination, and a revitalized, more pro-active system. A reorientation of the current emphasis to a more holistic perspective with increased preventive programming was repeatedly called for.

STRUCTURAL ISSUES

A number of submissions indicated that the organizational structure of the Department of Health and Fitness inhibits responsiveness to the needs of the health care constituency. A participatory planning apparatus, initiated at the provincial level, was suggested. It was further urged that the decision-making process be overhauled to be more open, coherent, and consultative. In this vein, the Commission was asked to examine the reinstatement of some form of health council, responsible for overall provincial planning. While development of a provincial health strategy was underscored, the need for greater inter-departmental rationalization and coordination was identified as a means of minimizing the problems and inefficiencies resulting from duplication of services and administration.

Other areas identified as requiring scrutiny were financing arrangements with other Maritime provinces relating to tertiary care, and federal-provincial funding agreements.

HOSPITAL ISSUES

Of the ten provinces, Nova Scotia has the second highest number of acute care beds per capita (6.4/1000 population) and expends more than two-thirds of its total health care budget on hospitals. While there was almost no criticism of the high standard of

hospital care, many submissions advocated the reallocation of resources to preventive and community-based health care. It was repeatedly requested that alternate modes of delivery be implemented - including community clinics, day hospitals, ambulatory care, and home care.

The need for rationalization of the hospital planning process with regard to the allocation of human and capital resources, beds, and services was deemed fundamental. The importance of coordination and planning on a regional, community and inter-hospital basis was reiterated. Moreover, a clarification of the roles of the various types of hospitals, including teaching hospitals, was strongly urged.

Government ownership and operation of hospitals was repeatedly questioned, and the Commission was requested to investigate the problems arising from the government's direct involvement in providing hospital services. The structure and function of hospital boards was also seen to warrant examination.

RESOURCES AND PROGRAMMING ISSUES

The question of human resources planning, rationalization and distribution was seen to require extensive investigation. Submissions stressed the urgency of integrating health manpower planning among government, teaching institutions and training facilities. The wider employment of alternate health care professionals, (e.g., nurses, occupational therapists, physiotherapists) was suggested as a cost-effective measure.

A review of the physician payment plan was recommended. The

Pharmacare programme, whose costs run at 32% higher than the national average and are increasing at a rate of about 20% per annum, was also recommended for investigation. Projected demographic trends seem to point to increased utilization of both physician services and Pharmacare. The current state of ambulance services was frequently criticized, and the need for revision of the funding structure to accommodate improved standards of equipment, training, and staffing was emphasized. Many submissions requested an increase in hospital-based services for treatment of alcohol addiction and substance abuse.

IMPLEMENTATION ISSUES

The Commission was frequently reminded that many of the recommendations it has received were made previously to the Nova Scotia Council of Health in 1972 or to the Nova Scotia Legislative Select Committee on Health in 1984. Many presenters questioned why their recommendations had not been implemented, and wondered if those of the Royal Commission would meet a similar fate.

MAJOR TOPICS

Recurring topics were used to group the general recommendations into the following areas: Planning, Health Promotion and Illness Prevention, Provincial Coordination, Hospitals, Homes for Special Care, Home Care, Health Professions, Alternate Services and Delivery Mechanisms, and Funding. Many recommendations relating to more specific groups and programmes are dispersed throughout these topics.

PLANNING

Submissions emphasized the fact that the health care system, as it exists today in Nova Scotia, is primarily an illness-oriented system. The Commission was told that planning for the future should be based on the World Health Organization's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". A comprehensive approach to health planning and resource allocation, encompassing the entire continuum of health care delivery from health promotion to palliative care, and based on well-defined needs and priorities, was recommended.

A large number of submissions stressed the need for comprehensive, long-term planning, based on a province-wide participatory process. This planning structure would incorporate a provincial strategy for capital construction, human resources, technology and programmes required for the short and longer term.

Several submissions endorsed the Canadian Public Health Association's healthy public policy concept, as outlined in the Ottawa Charter for Health Promotion (1986). This approach stresses the integration of health care planning and policy within a broader socio-economic and environmental context.

Participants in the health sector regarded cost containment as an integral component of the planning process. This attention to costs would include assessment of hospital administrative issues (e.g., construction, maintenance, equipment) and physician services (e.g., Medical Services Insurance, salaries, practice patterns).

(a) Regionalization

A decentralization of the planning process, which would leave operating authority in local hands and strategic decision making with the provincial government, was advocated. Such a framework should provide for a communication mechanism between these two levels, ensuring appropriate services are being provided efficiently and effectively.

Various proposals called for the initiation of a coordinated, regional planning process using provincial or local advisory groups, or possibly a non-political tribunal, to deal with future allocation of resources, including capital, staffing, hospital construction, and technology.

(b) Participation in the Planning Process

It was strongly recommended that the planning process include a broad range of health care constituents at the provincial,

regional and community levels. Many submissions underlined the role of voluntary groups in the health care field, and argued that public participation in health planning should be increased through such channels as consumer involvement on hospital boards.

An interdepartmental planning mechanism was advocated to coordinate policies and guidelines for the delivery of health-related programmes among provincial departments.

(c) **Research and Evaluation**

Many submissions stressed the utilization of research and evaluation procedures to assess the efficiency of administrative functions, health care programmes and delivery of services.

HEALTH PROMOTION AND ILLNESS PREVENTION

The Commission received many submissions advocating a shift in emphasis from curative care to the promotion of health and the prevention of illness, with a concomitant reallocation of health care resources. Health should be placed on the agenda of policy makers at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Many submissions advocated setting measurable goals and objectives for health promotion programmes, and defining strategies and time frames for their achievement. Recommendations emphasized the need to train health care professionals in promotion of health and prevention of illness, and to fund these activities through the provincial Medical Services Insurance Plan.

The Commission was told that lifestyle choices must be recognized as factors in utilization of health care resources for which the individual is accountable. The adoption of a healthy lifestyle is an objective to be pursued by the individual, but with the support necessary to make informed lifestyle choices. Suggestions for support programmes included educational and awareness programmes on alcohol and drug dependency, smoking, sexually transmitted diseases, contraception, nutrition, physical fitness, stress management, and safety.

The need for implementation of healthy public policies was stressed repeatedly as a basis for a sound health care system. Government must define and enforce regulatory practices to control activities which contribute to ill health. Such regulation will require inter-departmental cooperation in areas of social and economic policy related to health, housing, education, the environment, industrial and economic development, employment, and transportation.

The submissions recommended a comprehensive range of health promotion projects aimed at a wide spectrum of target groups. These included programmes for mental health, drug dependency, reproductive health, prenatal and maternal health, health promotion and education for children and adolescents, programmes for victims of family violence and sexual assault, and health promotion programmes for the elderly.

PROVINCIAL COORDINATION

(a) Department of Health & Fitness

(i) Planning

A large number of submissions recommended that the Department of Health and Fitness assume a leadership role in the formulation of a long term strategic plan, within a broad consultative process involving the regional and local levels of health care delivery. Planning must allow goal setting and resource allocation to occur over the longer term, with annual budgetary reviews for refinements and adjustments as required.

While inter-departmental consultation at the provincial level was deemed desirable, many of the recommendations called for the avoidance of duplication and fragmentation at the service level. It was suggested that the Department of Health and Fitness be the lead ministry responsible for the planning and administration of all health-related services, including home care and nursing home care. This was seen as a significant cost-effectiveness measure.

(ii) Cost Containment, Evaluation, and Audits

It was recommended that the Department of Health and Fitness set up mechanisms for ongoing cost control monitoring, e.g., utilization studies, pilot projects, evaluations, value for dollar audits, prioritizing and rationalizing of health care expenditures, in accordance with a provincial strategic plan. Further, both consumers and providers should be educated as to health care costs in the province.

A standardized, comprehensive health information system was called for to assist with administrative decisions and budgetary and human resources allocations. Moreover, the budgeting process was seen to require improvement, updating and standardization throughout the province to streamline the planning cycle.

Cost containment measures such as shared services and bulk purchasing for all health care institutions should be explored by the Department of Health and Fitness. Further, the establishment of a province-wide mechanism for the evaluation, standardization, and distribution of new technology was called for.

Funding arrangements for tertiary care to residents of the other Maritime Provinces ought to be reviewed and, if necessary, re-negotiated by the Department.

(b) Commission on Drug Dependency

Issues raised in relation to the Commission on Drug Dependency were both of a structural and programmatic nature. There were several requests for expansion of addiction treatment programmes in communities throughout the province. It was further suggested that there should be a common organization and funding paradigm for the delivery of addiction services resulting from an evaluation of the three models currently in use by the Commission on Drug Dependency, Valley Health Services Association, and Yarmouth Regional Hospital.

(c) Health Services and Insurance Commission

(i) Insured Services

It was advocated that MSI be expanded to include the following: promotion and prevention activities provided by health care professionals (e.g., nutritional counselling), clinical psychology, environmental medicine/clinical ecology, contraception, midwifery, prenatal and abortion counselling, complementary and alternative medicine (e.g., homeopathy and naturopathy), rehabilitation services, chiropractic, and technical aids. The possibility of universal coverage for dental services and vision care was also raised. The Commission was asked to examine other means of remunerating physicians, such as salary options and fee capping formulas.

(ii) Pharmacare

Many briefs expressed the need for greater control of over-medication, especially of the elderly and nursing home residents. Some submissions called for the identification and re-education of physicians who over-prescribe drugs. It was also suggested that the abuse of prescription drug plans could be curbed by implementing a computerized patient record system (e.g., "smart card" technology).

It was further recommended that all new brand name drugs be evaluated with respect to their efficiency and cost-effectiveness before being introduced to inventories. A greater use of generic drugs and lowest price-in-category drugs was recommended. Several submissions called for the elimination of the practice of

spread pricing. Co-payment schemes were seen as a means of keeping Pharmacare costs down. One submission recommended the review of the cost of the prescription drug programme in light of provincial variations.

The question of dispensing fees was also raised. A review of the wide variation in pharmacist fees charged to Pharmacare was requested. The Commission was told that community hospital pharmacies should be dispensing centres for all senior citizens.

Extended Pharmacare coverage for prescription drugs was recommended for the following groups: families on social assistance, low income groups, families of disability pension recipients, people with special disabilities, residents of long-term care facilities, cancer patients, sexually-transmitted disease patients, and asthmatic children.

HOSPITALS

(a) Governance

Most submissions suggested that hospital governance be under the control of boards, the composition of which reflects community or regional catchment population. A uniform procedure for the appointment and compensation of volunteer hospital board members was recommended. To address the problems of centralization and coordination, it was proposed that regional hospitals establish a formal liaison with the tertiary care centres in Halifax.

(b) Mission

Many community and regional hospitals expressed an interest in broadening their mandates. It was suggested that the need for extended (Level III) care could be adequately and economically addressed by reallocating existing acute care beds to serve the needs of the chronically ill. The adoption of a philosophy of family participation in patient care was encouraged. Many hospitals wished to expand their programmes to include services such as pastoral care, palliative care, respite services and treatment for substance abuse. The suggestion was made that substance dependency programmes should be hospital based and regionally controlled, with the Commission on Drug Dependency acting as a central resource.

(c) Administration

Several submissions called for the appropriate training and certification of senior and middle management of hospitals. It was also felt that the participation of medical staff in the management teams of hospitals should be increased and encouraged with appropriate remuneration for the time involved. The Commission was told that senior management and medical staff should recommend hospital policy guidelines concerning the ethics of patient care when considering practices such as the employment of "heroic" life-sustaining measures.

It was recommended that the Province oversee health care without being directly involved in delivery of services. Contract management, quality assurance, and risk and utilization management were recommended as effective management strategies.

The Commission listened to calls for the examination of the cost-effectiveness of alternatives such as privatization of diagnostic laboratories. One submission strongly advised against the private ownership of any health institution.

Concern was expressed over the need for standardized patient information to eliminate the duplication of testing and to facilitate transfers between hospitals. In addition, the Commission was told that laboratory and diagnostic procedures should be standardized, with well-defined criteria for test effectiveness and necessity. This should include common lab request forms and a uniform methodology for lab testing. All hospitals should implement compatible management information systems, appropriately funded by the province, over the next two to four years. It was noted that suitable communication systems should be phased in to facilitate inter-hospital communication.

Cost control, budget preparation and the auditing process were frequently mentioned in relation to hospital management. Recommendations were made to replace the current multiple budget preparation and revision processes with an annual budget submission. It was felt that increased flexibility in hospital funding criteria and methodology could help meet the unique management needs of individual hospitals. Several hospitals requested uniform policies on salary negotiations and funding of capital equipment and capital construction projects. One submission stressed that funding of capital construction should not be the responsibility of municipal governments.

Requests were made for the Auditor General to assist in defining how to demonstrate accountability without compromising the

provision of health care. One proposal to improve accountability was to provide information to the public and to doctors as to the actual cost of laboratory and diagnostic procedures and other services provided by hospitals. Funding was recommended for costs incurred by hospitals in adhering to external regulations and standards. Cost control suggestions included the implementation of a province-wide group purchasing policy and a greater emphasis on shared services and staff within regions. However, the Commission also heard several recommendations for additional equipment and services in community hospitals.

Concern was expressed regarding the operating costs of teaching hospitals. Suggestions were made to compare teaching and non-teaching hospitals with respect to management, staffing and lengths of stay, to determine whether costs may be better controlled. The issue of physician use of hospital facilities for private practice purposes was raised for investigation.

Many recommendations were received relating to specific hospitals, programmes and proposed pilot projects. These are listed in Appendix F.

HOMES FOR SPECIAL CARE

Overwhelming public concern was expressed on the issue of homes for special care. Many submissions voiced frustration with the current status of homes for special care, citing a lack of clarity in the following areas.

(a) Jurisdiction/Funding/Ownership

Recommendations were received as to the appropriate government department to oversee and fund nursing homes. Providers, consumers, and municipalities alike felt that nursing homes should be the responsibility of the provincial government, and should not be funded through the municipal tax base. These submissions also made it clear that dissatisfaction exists with the present situation of homes for special care under the Department of Community Services. A majority of recommendations dealing with this issue called for the Department of Health and Fitness to assume responsibility for this area.

Many recommendations addressed the question of responsibility for care of residents in homes for special care. Although some submissions argued that the individual should, where possible, be responsible for some or all of the costs of care, many recommended that the health component of nursing home care should be an insured service available to all, perhaps with a standardized co-payment fee, as in other provinces.

(b) Accessibility

A large number of presenters demonstrated frustration with the current level of access to nursing homes. Several focused on problems relating to entry into nursing homes from either the hospital or the community. The geographic maldistribution of nursing home beds is seen as a major impediment to accessibility.

Hospitals, homes for special care, and community and consumer groups criticized the absence of provincially funded extended

(Level III) care facilities in Nova Scotia. Many recommendations suggested the reallocation of existing beds to Level III care. These beds could be reallocated from acute care beds in community hospitals, existing beds in homes for special care in the Halifax/Dartmouth metropolitan area, and former nurses' residences.

(c) Quality of Care

The Commission was told that minimum standards of care are deficient and should not become the norm. It was stressed that standardized, comprehensive assessments of an elderly person's physical, mental and social status should be performed, and that an individual care plan be developed to serve as the basis for appropriate care for that person. A comprehensive range of services should be available to all persons in homes for special care to meet individual needs.

The uneven distribution of beds across the Province, mentioned earlier as an access issue, was also seen as an impediment to quality of care. The Commission heard that beds must be available in areas close to an individual's home, family, and familiar surroundings, so as not to impede quality of life for nursing home residents.

An overriding concern expressed in many of the recommendations was the integration of long term care into a comprehensive and coordinated health care plan. Finally, suggestions were heard concerning the protection of the elderly from abusive situations.

HOME CARE

Although the Government of Nova Scotia is currently in the process of implementing a home care programme, many recommendations were received concerning the scope and detail of the proposed programme.

The submissions reflected a wide range of concerns. It was apparent that home care should be directed to needs rather than be based on arbitrary criteria such as age. There were submissions based on the needs of the elderly, the disabled, and children. Further, recommendations were made to include acute care components in home care, reflecting the need for a continuum of care. Prevalent among the briefs presented was the opinion that implementation should be immediate.

Many recommendations stressed three general themes: "ownership" or jurisdiction, administration, and programme characteristics. While there was no consensus about jurisdiction, several options were proposed, namely, that home care be operated through the Department of Health and Fitness, or the Department of Community Services, or jointly by the two departments.
A similar lack of consensus with respect to administration of the home care programme was expressed. Opinion was divided as to whether the programme should be community or institutionally based. Both hospitals and nursing homes indicated an interest in operating home care as an outreach programme.

Many recommendations offered criteria for entry and eligibility which would broaden access to home care. The entry process itself was the subject of several recommendations dealing with

the quality and competence of the assessment process.

The need to coordinate services was another recurring theme. It was argued by some that home care should utilize existing resources. To bridge the gaps existing at the present time, home care should be linked to other services and programmes, such as hospitals, nursing homes, and community agencies. The specific geographic or demographic characteristics of a particular area should be taken into account in planning home care.

The Commission was told that home care services should be comprehensive and encompass both acute and chronic components, including such services as occupational therapy, physiotherapy, respite and palliative care, homemaking, and transportation services. Home care services should be widely publicized, making potential recipients aware of options in the community.

The importance of standards and quality of service in the Home Care programme, particularly with respect to personnel, was another recurring issue. Recruitment and training of qualified personnel are seen as critical factors related to the quality of any programme.

THE HEALTH PROFESSIONS

(a) Strategic Overview

A human resources plan which would address all of the health professions was strongly recommended. This plan should be developed through consultation with training institutions, government, and employers of health care professionals, and should

incorporate the notion of appropriate skill utilization, i.e. using the most efficient human resources for service delivery. An efficient health care system would maximize the use of allied health professionals while maintaining and even improving the quality of care delivered to consumers. Other issues such as standards, licensing bodies, appropriate education, continuing education, peer review, numbers and distribution of health care professionals, and a solution to the problem of legal protection in the delivery of care were common to many of the submissions.

(b) Physicians

Physicians are recognized as the major providers of health care. It was suggested that medical education should incorporate current trends in health promotion/illness prevention and the importance of social factors for well-being. Awareness of cost-effective and appropriate services was also recommended as an integral part of physician training. Specialty training must be matched to identified needs, e.g., psychiatrists, gerontologists, general internists and radiologists. Regional facilities were proposed as suitable participants in specialty training programmes.

Appropriate human resources planning for physicians should take into account suitable utilization of other health professionals for tasks currently performed by physicians. Incentives or other mechanisms to overcome shortages of physicians in rural areas and of specialists in regional centres were repeatedly urged for consideration. Entry into medical school was seen as the first point of control over physician numbers, and by extension, over health care costs.

An equitable and efficient policy regarding hospital privileges for physicians' needs was requested. This policy would recognize the family practitioner as the patient's advocate and primary care-giver, coordinating the range of health care services. It was recommended that physicians be reimbursed for administrative duties and health promotion activities. An investigation of compensation methods for physicians (salaries, MSI cap, etc.) was urged.

(c) Allied Health Professions

The need for a comprehensive human resources plan which considers the inter-relationships among the health professions was underlined on numerous occasions. Enhanced roles for other health care professionals were suggested as a means of achieving a more cost-effective and efficient health care system, without jeopardizing the quality of care. Utilization of midwives, nurses, certified nursing assistants, home care workers, pharmacists, and optometrists, among other professionals, needs to be studied. Shortages of physiotherapists, occupational therapists, clinical psychologists, and clinical social workers were noted in many submissions.

Full time equivalent (FTE) formulas for human resources allocations and funding must be re-evaluated to allow for expanded and efficient use of health care professionals. MSI coverage for professional services delivered by members of some of these professions, in particular nurses and clinical psychologists, was raised as a possibility.

An independent examination of the baccalaureate degree as the

requirement for entry to nursing was requested. A review of the tasks and skills required for the various levels and types of nursing practice was called for. An examination of nursing bureaucracy and hierarchy, addressing greater opportunities for planning, decision making, creativity and expanded responsibility, was also suggested.

Specific concerns were expressed with regard to the training of several allied health professions, notably certified nursing assistants, home care workers, health education teachers, emergency medical attendants, and pastoral care workers. Standards and licensing were seen as central issues by emergency medical attendants and medical technologists.

Working conditions were identified as a problem, and concerns with respect to the collective bargaining process were voiced by several groups.

The need for bilingual health care services in some areas was identified.

ALTERNATE SERVICES AND DELIVERY MECHANISMS

(a) Health Care Centres

Alternative services and delivery mechanisms were recommended in response to an apparent inadequacy of the present health care system to meet the diverse needs of the population. The Commission was told that alternative funding arrangements are required to restructure the health care system, to allow for the introduction of health service organizations, the development of

community health centres and the conversion of selected hospitals to community health centres. These centres could offer traditional health services in addition to community based, multi-disciplinary services, such as prenatal and maternity services, women's health care, nutrition and illness prevention counselling. Suggestions were made to employ appropriately equipped mobile units to meet the needs of the elderly and those living in rural areas.

(b) Health Care Services

A variety of ideas were received for implementing respite and palliative care as part of a comprehensive and coordinated delivery strategy. Submissions called for the maintenance and enhancement of pastoral care. Some groups felt pastoral care services should be funded by the province.

Many presentations underlined the importance of self-help and mutual aid associations, recommending that their contribution to the health care system be recognized and supported. The need to establish a recruiting and training process for volunteers was expressed. Suggestions were also made to give consideration to self-help and self-care as part of an increasing individual responsibility for health.

Several submissions concerning the disabled requested a provincial programme to assist in the provision of attendant care. It was stressed that the disabled person must be recognized as the central figure when assessing attendant care needs. A province-wide technical equipment loan system ensuring universal access, regardless of ability to pay, was called for. It was stressed that

this programme should include safety and maintenance standards.

The Commission was told that access to mental health services needs to be improved. Greater access to these services would require regionally-based delivery of both institutional and community mental health services. The number of mental health professionals would have to be increased and their distribution improved. Additional recommendations included sheltered and supervised housing, temporary "safe houses," sheltered employment and employment counselling, and social and vocational rehabilitation services for many disabled groups, especially persons with chronic mental disorders.

A variety of alternate therapies and specialty treatments was recommended, including head injury prevention and treatment programmes, counselling of adult survivors of childhood incest, a clinic for assessing children before the courts, treatment of the environmentally hypersensitive in a "safe area" of selected hospitals, a multi-disciplinary approach to the care of schizophrenics, the practice of naturopathy, homeopathy, acupuncture, and macrobiotics.

The Commission was told that private nursing homes providing basic personal (Level I) care should be eligible for supplemental financial support.

Recommendations were received both for and against the inclusion of abortion in the provincial health care system.

FUNDING

A wealth of proposals calling for additional spending was presented to the Royal Commission during the course of the hearings. Some of these advocated reallocation of money within the system. Health promotion, education and early detection programmes were among the most common suggestions. Strategies to address the holistic health needs of the chronically ill, the disabled, the elderly, and the poor were advocated. Specific programmes such as palliative care, pastoral care, addiction treatment, and community support services for the mentally ill were widely endorsed. The voluntary sector submitted that more cost-effective programming could be achieved through additional financial support.

The financing of nursing home care was raised as a critical point by some municipalities. A shortage of chronic care facilities was generally perceived to be a serious gap in available health services.

The Commission was told that the present ambulance service is inadequate. The need for a viable funding formula for ambulance operators, and for improvements in equipment and training, were described as essential to the operation of this service.

There were suggestions for enhanced programmes and improved hospital and bed utilization. With the exception of the request from the Dartmouth General Hospital, there were no specific requests for additional acute care beds.

The Commission received suggestions with regard to raising additional funds to operate the present health care system, and for more equitable sharing of costs.

CONCLUSION

The public hearings afforded the members of the Royal Commission an excellent overview of the concerns of Nova Scotians with respect to their health care system. The public hearings process brought into sharp focus perceived problems in the health care sector and differing priorities with respect to health care allocations. The Commission was challenged to examine broad-ranging and innovative policy directions. This unique opportunity has enabled the Commission to define and crystallize major issues upon which it will focus its investigations in the course of its research activities.

At the same time, the next phase of the Commission's work will entail the linking together of the substantive thrust of submissions received from the public with the fulfillment of the terms of the Royal Commission's mandate, as set out in the Order-in-Council.

In accordance with its emphasis on consultation, the Royal Commission fully intends to continue holding discussions with representative institutions, groups and individuals. As a result, it is hoped that the Commission's report will be solidly founded on the views and choices of the recipients and providers of health care in the Province of Nova Scotia.

A P P E N D I X "A"

PROVINCE OF NOVA SCOTIA

(Signed) Alan R. Abraham

BY HIS HONOUR
THE HONOURABLE ALAN R. ABRAHAM, C.D.
LIEUTENANT GOVERNOR OF NOVA SCOTIA

TO: J. CAMILLE GALLANT, OF HALIFAX, IN THE COUNTY OF HALIFAX

EDWARD M. MACNEIL, OF SYDNEY RIVER, IN THE COUNTY OF CAPE BRETON

THE RIGHT REVEREND G. RUSSELL HATTON, OF HALIFAX, IN THE COUNTY OF HALIFAX

SHARON MARSHALL, OF KENTVILLE, IN THE COUNTY OF KINGS

DR. EARLE REID, OF HALIFAX, IN THE COUNTY OF HALIFAX

G R E E T I N G:

WHEREAS it is deemed expedient to cause inquiry to be made into and concerning the public matters hereinafter mentioned in relation to which the Legislature of Nova Scotia may make laws;

AND WHEREAS the maintenance and improvement of public health is of profound importance to the people of Nova Scotia;

AND WHEREAS it is desirable to assess the costs of providing present health care services and to make recommendations respecting measures which might be taken to achieve greater efficiency in delivery of health care services;

NOW KNOW YE THAT I have thought fit, by and with the advice of the Executive Council of Nova Scotia, to appoint, and do hereby appoint you, J. Camille Gallant, Edward M. MacNeil, The Right Reverend G. Russell Hatton, Sharon Marshall

and Dr. Earle Reid to be during pleasure Our Commissioners under the Public Inquiries Act, the first named to be Chairman thereof, to inquire into and make recommendations to the Governor in Council with respect to health care, and without limiting the generality of the foregoing, to:

(a) examine present costs of the health care delivery system, and recommend efficiencies which may be adopted to reduce costs while maintaining the effectiveness of the present programmes without imposing hospital user fees or direct charges for physicians' services;

(b) examine the rates of increase in the cost of health care, including hospital care, medical services insurance, ambulance services, community health and drug dependency programmes, and to the extent possible identify the reasons for such increases;

(c) examine duplication of services and recommend methods to improve efficiency;

(d) assess the present and future physician manpower requirements of the Province;

(e) assess administrative efficiencies of hospitals and make recommendations respecting alternative practices which would permit optimum efficiency in the hospitals and hospital system of the Province; and

(f) assess the costs incurred by teaching hospitals in respect of their responsibilities to medical schools and students;

2. Direct the said Commissioners to report the evidence and findings of such inquiry to the Executive Council and make recommendations thereon;

3. Appoint George White of Truro, in the County of Colchester, as Secretary and Legal Counsel to the Commission;

4. Subject to the prior approval of Management Board and upon such terms and conditions as Management Board may approve, direct the said Commissioners to retain the services of such technical, clerical and other personnel, as are required for the purpose of the inquiry;

5. Authorize payment to the Commissioners, Secretary and other personnel required in the work of the Commissioners, for necessary disbursements, travel and reasonable living expenses as are required in the discharge of their duties, such payments to be made in such amounts and upon such conditions as are approved for public servants, or by Management Board from time to time;

6. Order that the remuneration, costs and expenses payable or incurred in the course of the inquiry shall be paid out of the Consolidated Fund of the Province.

GIVEN under my Hand and Seal at Arms at the City of Halifax this 25th day of August in the year of Our Lord one thousand nine hundred and eighty-seven and in the thirty-sixth year of Her Majesty's reign.

(Signed) Terence R.B. Donahoe
PROVINCIAL SECRETARY

A P P E N D I X B

COMMISSION SECRETARIAT

Executive Director	Martine Durier-Copp, Ph.D.
Chief of Research	Thomas G. Regan, Ph.D.
Advisor	Win Hackett, B.A., B.Ed., LL.D.
Senior Research Associate	Roma Standefer, Ph.D.
Researchers	Dale Poel, Ph.D. (On sabbatical leave from Dalhousie University)
	Judith Wood Bayne, M.A.
Librarian/Research Assistant	Kathryn Arbuckle, LL.B., M.L.S. (Editor)
Research Assistants	Jody Aylard, B.A.
	Carol Dobson, B.A., B.P.R.
Project Controller	Fred Carey
Executive Secretary	Patricia Robinson
Legal Secretary	Nina Byford
Receptionist	Diana Wolff

A P P E N D I X "C"

GROUPS WHO HAVE APPEARED BEFORE THE ROYAL COMMISSION ON HEALTH CARE

Yarmouth, April 21 - 22, 1988

Mr. Gary Arnett
Ms. Shirley Atwood
Dr. Ian Campbell Cree
Handicapped Organization Promoting Equality
Dr. Peter Loveridge
Maritime Fishermen's Union
Nova Scotia Childbirth Education Association I
Nova Scotia Childbirth Education Association II
Victorian Order of Nurses (Yarmouth)
Yarmouth Regional Hospital

Liverpool, April 26, 1988

Chandlers' Ambulance Service
New Democratic Party - Queens Constituency
North Queens Medical Centre Association
Queens Home for Special Care Corporation
Roseway Hospital
Town of Liverpool

Bridgewater, April 27, 1988

Associated Homes for Special Care. South Shore Region
Mr. Geoff Brett
Ms. Marion Feetham
Fishermen's Memorial Hospital
Lunenburg County Pro Life
Ms. Patricia MacCulloch
Second Story Women's Centre
South Shore Regional Hospital, Medical Executive
Mr. Gilbert Vail
Mr. David Webster

Sheet Harbour, April 28, 1988

Reverend George Beach
Duncan MacMillan Nursing Home Society
Eastern Shore Learning Opportunities for Women
Eastern Shore Memorial Hospital
Mr. Michael Higgs
Mr. Stephen Jenner
Mrs. Inez MacKenzie
Musquodoboit Valley Memorial Hospital
Sheet Harbour and Area Local Committee on Drug Dependency

Sydney, May 3, 1988

Cape Breton Council for Senior Citizens and Pensioners
Cape Breton Joint Expenditure Board
Cape Breton Regional Hospital, Management Committee
Diocesan Health Care Council
Mr. Douglas Duguid
Grand Narrows and District Board of Trade
Health Coalition of Cape Breton
Industrial Cape Breton Regional Services Committee
Mr. James Cameron Lovelace
Ms. Nancy More
Sydney Board of Health
Whitney Pier Senior Citizens & Pensioners Club

Sydney, May 4, 1988

Breton Business Center
Mr. Kenny Caldwell
Ms. Patricia Campbell
Canadian Abortion Rights Action League, Cape Breton Chapter
Canadian Pensioners Concerned Inc., Cape Breton County Chapter
Cape Breton Board of Mental Health
Hospice/Palliative Care Society of Cape Breton
Dr. Albert Maroun
Pastoral Care Study and Action Association
Mr. Evan Scott
Sisters of St. Martha, Social Justice Committee
St. Rita Hospital

Port Hawkesbury, May 5, 1988

Buchanan Memorial Hospital
Eastern Memorial Hospital, Board of Trustees
Inverness Consolidated Memorial Hospital
Mr. Brian MacLeod
Ms. Gail Rubenstein
Senior Citizens Advisory Committee, Strait Richmond Hospital
Strait Area Alzheimers Support Group
Strait Richmond Hospital
Town of Port Hawkesbury
Victoria County Memorial Hospital
Whycocomagh Development Commission

Antigonish, May 10, 1988

Antigonish Right to Life
Antigonish Women's Association
Friends of Schizophrenics, Antigonish
Dr. J. E. MacDonell
Dr. Robert F. Martel in conjunction with St. Anne's Community and Nursing Care Centre
Martha Home Health Care
Richmond County Municipal Council
Ms. Lucile Sanderson
Social Services Committee, Municipality of Pictou County
St. Francis Xavier University, Department of Nursing
St. Martha's Hospital Medical Staff Association

New Glasgow, May 11, 1988

Aberdeen Hospital
Aberdeen Palliative Care Society
Dr. Leland Anderson
Canadian Union of Public Employees, Local 2330
Central Highlands Association of the Disabled
Ms. Sara Cunningham
Dr. Rose Johnston
Dr. Winston Makhan
Pastoral Care Committee, Aberdeen Hospital
Pictou County Mental Health Association
Mr. Ken Rayment
Sutherland Harris Memorial Hospital
Sutherland Harris Memorial Hospital, Staff Development

Amherst, May 12, 1988

All Saints Springhill Hospital
Highland View Regional Hospital
Ms. Barbara Jack
Mr. Robert Keirstead
Mr. Douglas Maddison
Ms. Sheila Nelson
Town of Amherst, County of Cumberland, Town of Oxford, Town of Parrsboro, Town of Springhill

Sherbrooke, May 17, 1988

Guysborough Memorial Hospital
Dr. C. W. MacNeil
Women's Institutes of Nova Scotia, Eastern Area

Halifax, May 24, 1988

Association for the Care of Children's Health
Canadian College of Health Service Executives
Canadian Pensioners Concerned Inc., Nova Scotia Division
Ms. Susan Coldwell
Maritime Health Libraries Association
Nova Scotia Association of Health Organizations
Nova Scotia Dietetic Association
Nova Scotians United for Life
Service for Sexual Assault Victims
United Action Coalition

Halifax, May 25, 1988

Ms. Barbara Blouin
Mrs. Shirley Boyle
Dalhousie University, Department of Medicine
Dalhousie University, Department of Family Medicine
Dr. Jason Hofman
Ms. Ella Moore
Nova Scotia Chapter, College of Family Physicians of Canada
Nova Scotia Family and Child Welfare Association
Nova Scotia Society of Occupational Therapists
Dr. Leo Peddle
Progress Centre for Early Intervention

Halifax, May 26, 1988

Canadian Cancer Society, Nova Scotia Division
Canadian Red Cross Society, N.S. Division
City of Halifax
Halifax County-Bedford District School Board
Dr. Ann Krane
Dr. Rosemary Marchant
Nova Scotia Association of Radiologists
Nova Scotia Burn Support Group
Nova Scotia Heart Foundation
Nova Scotia Psychiatric Association
Ms. Maureen Penney
Speech and Hearing Association of Nova Scotia

Dartmouth, May 30, 1988

Alzheimer Society of Nova Scotia
Association of Psychologists of Nova Scotia
Council for Exceptional Children, Nova Scotia Federation
Dalhousie University, Department of Medicine, Division of Geriatric Medicine and Centre for Health Care of the Elderly, Camp Hill Hospital
Excel Inc.
Friends of Schizophrenics, Nova Scotia
Dr. Richard Goldbloom
Macrobiotics East Group
Nova Scotia Head Injury Association
Nova Scotia Hospital
Professional Association of Residents and Interns of the Maritime Provinces
Respite Office, Canadian Association for Community Living
S.E.A.R.C.H. - Self Help for Agoraphobia Society

Dartmouth, May 31, 1988

Canadian Union of Public Employees, Local 3264
Dalhousie University, Faculty of Medicine
Mr. Weldon MacIntosh
Metro Family Support
Metro In-Service Association
New Democratic Party
Nova Scotia Branch, Canadian Physiotherapy Association and Nova Scotia College of Physiotherapists
Nova Scotia Government Employees Union
Nova Scotia Society of Clinical Chemists
Pharmacy Association of Nova Scotia
Ms. Judit Rajhathy
St. John Ambulance

Dartmouth, June 1, 1988

Cape Breton Hospital
Committee of Pre-Hospital Care Personnel of Nova Scotia
Institute of Pastoral Training
Medical Society of Nova Scotia
Metro Emergency Associates
Planned Parenthood Association of Halifax, Dartmouth and Halifax County
Planned Parenthood Association, Nova Scotia
Public Health Association of Nova Scotia
Dr. Kenneth Scott
Spina Bifida Association of Nova Scotia
Voluntary Planning Health Care Sector

Dartmouth, June 2, 1988

Association of Parents and Professionals For Safe Alternatives in Childbirth of Nova Scotia
Board of Registration of Nursing Assistants
City of Dartmouth
Dartmouth General Hospital
Izaak Walton Killam Children's Hospital
Nova Scotia Certified Nursing Assistant Association
Nova Scotia Chiropractic Association
Nova Scotia Nurses' Union
Registered Nurses Association of Nova Scotia
Ms. Ardythe Wildsmith, Ms. Geri Geldart, Mr. Bob Kanygin, Mr. Richard Manuel, and Mr. John Toogood

Dartmouth, June 3, 1988

Associated Homes for Special Care, Nova Scotia
Atlantic Research Centre for Mental Retardation
Extendicare Hospital Management and Development Ltd.
Mr. Jim Lotz (Dr. Bud Harlow Foundation)
Nonprescription Drug Manufacturers Association of Canada
Nova Scotia Advisory Council on the Status of Women
Prepared Childbirth Association of Nova Scotia

Middleton, June 7, 1988

Annapolis General Hospital
Ms. Cathy Corning
DES Action/Nova Scotia
Digby General Hospital, Board of Trustees
Digby General Hospital, Medical Staff
Ms. Stephanie Nicoletti
Dr. Steve Parsons
Queens General Hospital
Queens General Hospital, Medical Staff
Mr. Ron Seney
Soldiers Memorial Hospital
Warren T. Roop Ltd.
Ms. Marilyn Wilkins, Ms. Karen Hudson, and Ms. Bernadette Burns

Kentville, June 8, 1988

Ambulance Operators Association of Nova Scotia
Annandale Guest House
Eastern Kings Memorial Hospital
Midwifery Coalition of Nova Scotia
Multiple Sclerosis Society of Canada (Atlantic Division)
Valley Health Services Association, Department of Mental Health
Valley Health Services Association
Dr. Alan Warner, Dr. Ed Strok, Dr. Len Denton, Dr. Joelle Caplan, Dr. Joan Boutilier, and Mr. Alex Rothole

Truro, June 9, 1988

Anglican Diocese of Nova Scotia
Mr. Terry Canning
Colchester Regional Hospital
Community Health Nurses Association of Nova Scotia
Mr. Pierre LeMasson
Macrobiotics East Group (Truro)
Nova Scotia Association of Optometrists
Nova Scotia Co-operative Council
Nova Scotia Federation of Community Health Clinics
Mr. Winston Settle
Truro and District Chamber of Commerce
Truro Palliative Care
Women's Action Coalition of Nova Scotia - Health Committee
Women's Institutes of Nova Scotia

Bedford/Sackville, June 13, 1988

Ms. Elsie Allen
Mr. John Burhoe
Canadian Federation of Independent Business
Cobequid Multi-Service Centre
Ms. Sheila Cole
Mr. Paul Girard
Halifax Board of Trade
Mr. Richard Koerber
Mainland South Community Centre Corporation
Nova Scotia Dental Association
Nova Scotia Nutrition Council

Bedford/Sackville, June 14, 1988

Atlantic Child Guidance Centre
Canadian Drug Manufacturers Association
Canadian Mental Health Association, Halifax Branch
Canadian Mental Health Association, Nova Scotia Division
Human Ecology Foundation, Halifax/Dartmouth Branch
Maritime Telegraph and Telephone Company Limited
Nova Scotia Association of Clinical Laboratory Managers
Nova Scotia Federation of Labour
Nova Scotia Lung Association
Self Help Connection

Halifax, June 29, 1988

Canadian Association for Community Living
Gerontology Association of Nova Scotia
Green Shield Prepaid Services Inc.
Dr. Philip LaPierre
Dr. William LaValley and Dr. David Baker
Dr. Peter Mullen
Nova Scotia Society of Medical Laboratory Technologists
Pharmaceutical Manufacturers Association of Canada
Dr. Fay Rozovsky
Trans Med Corporation
Victoria General Hospital, Medical Staff
Women's Health Education Network

Halifax, July 13, 1988

Nova Scotia Commission on Drug Dependency

WRITTEN SUBMISSIONS RECEIVED BUT NOT PRESENTED

Association for the Advancement of School Health Education, N.S.
Atlantic Conference on Learning Disabilities
Dr. Graeme Bethune
Better Obstetric and Neonatal Decisions In the New Grace
Canadian Consulting and Tutoring Services
Canadian Paraplegic Association, Nova Scotia Division
Canadian Research Insitute for the Advancement of Women
Mr. Gary Cere
Mr. J. D. Clarke
Ms. Gloria Elliot
Emotions Anonymous
Ms. Mary Evans
Evergreen Senior Citizens Club
Dr. John H. Feindel
Dr. Catherine Folinsbee
Dr. Robert Frederickson
Mr. Frank Fryer
Halifax-Dartmouth Council of Churches
Halifax District School Board
Halifax General Practitioners Society
Ms. Florence Hennigar

Ms. Nanette Holden
Institute of Chartered Accountants of Nova Scotia
Mr. Charles J. Irving, Sr.
Ms. Marie Kelly
Kings CMHA Outreach
Kings County District School Board
Dr. Alexander Leighton
Les Nouveaux Horizons de la Baronnie de Pubnico-Ouest
Ms. Ellen Macdonald
Mr. Eric C. Manthorne
Mr. Lorne C. McLellan
Mr. Stanley Meister
Metro Area Committee on AIDS
Ms. D. Dorothee Meyerowitz
Mr. J. Fred Morley
Municipality of the County of Queens
Mr. W. Jim Murray
A. T. Neely
Northside Harbour View Hospital Corporation
Nova Scotia Association of Occupational Therapists
Nova Scotia Council for Multicultural Health
Nova Scotia Rehabilitation Centre
Parkinson's Society, N. S.
Ms. Sylvia Pierce
Mr. John Pittman
Ms. Judith Richards
Dr. Alex Richman
Mrs. Alexander Robinson
Dr. H.R. Roby
Mr. Kevin Rogers
Dr. Gerald H. Ross
Dr. Everett A. Smith
Societe Madeleine LeBlanc
South Shore Regional Hospital, Department of Anaesthesia
Dr. Michael Thomson
Mr. Jay Underwood
Valley Child Development Association
Victorian Order of Nurses for Nova Scotia
Dr. Keith Walling
Ms. Susan Whalen
Women's Action Coalition of Nova Scotia, Reproductive Rights Committee

A P P E N D I X "D"

Alphabetical List of Authors of Submissions with Abbreviations Used in APPENDIX 'F'

Aberdeen Hospital	ABERDEEN
Aberdeen Palliative Care Society	ABERPALL
All Saints Springhill Hospital	ALLSAINT
Allen, Elsie	ALLEN
Alzheimer Society of Nova Scotia	ALZSOC
Ambulance Operators Association of Nova Scotia	AOANS
Anderson, Dr. Leland	ANDERSON
Anglican Diocese of Nova Scotia	ANGLICAN
Annandale Guest House	ANNAN
Annapolis General Hospital	ANNAPOL
Antigonish Right to Life	ANTIGPRO
Antigonish Women's Association	AWOMEN
Arnett, Gary	ARNETT
Associated Homes for Special Care, Nova Scotia	AHSC
Associated Homes for Special Care, South Shore Region	HOMES
Association for the Advancement of School Health Education, NS	AASHE
Association for the Care of Children's Health	ACCH
Association of Parents and Professionals For Safe Alternatives in Childbirth of Nova Scotia	APSAC
Association of Psychologists of Nova Scotia	PSYCHANS
Atlantic Child Guidance Centre	ACGC
Atlantic Conference on Learning Disabilities	ACLD
Atlantic Research Centre for Mental Retardation	ARCMR
Atwood, Shirley	ATWOOD
Beach, Reverend George	BEACH
Bethune, Dr. Graeme	BETHUNE
Better Obstetric and Neonatal Decisions In the New Grace	BONDING
Blouin, Barbara	BLOUIN
Board of Registration of Nursing Assistants	BDREGNA
Boyle, Shirley	BOYLE
Breton Business Centre	BRETON
Brett, Geoff	BRETT
Buchanan Memorial Hospital	BUCHANAN
Burhoe, John	BURHOE
Caldwell, Kenny	CALDWELL
Campbell, Patricia	CAMPBELL
Canadian Abortion Rights Action League, Cape Breton Chapter	CARAL
Canadian Association for Community Living	COMMUN
Canadian Cancer Society, Nova Scotia Division	CANCER

Canadian College of Health Service Executives	CCHSE
Canadian Consulting and Tutoring Services	CACTUS
Canadian Drug Manufacturers Association	CDMA
Canadian Federation of Independent Business	CFIB
Canadian Mental Health Association, Halifax Branch	CMHAHFX
Canadian Mental Health Association, Nova Scotia Division	CMHANS
Canadian Paraplegic Association, Nova Scotia Division	CANPARA
Canadian Pensioners Concerned Inc., Cape Breton Co.Chapter	CPCCB
Canadian Pensioners Concerned Inc., Nova Scotia Division	CPCNS
Canadian Red Cross Society, N.S. Division	REDCROSS
Canadian Research Institute for the Advancement of Women	CRIAW
Canadian Union of Public Employees, Local 2330	CUPE
Canadian Union of Public Employees, Local 3264	CUPE3264
Canning, Terry	CANNING
Cape Breton Board of Mental Health	CBBMH
Cape Breton Council for Senior Citizens and Pensioners	CAPE
Cape Breton Hospital	CBH
Cape Breton Joint Expenditure Board	JOINTEX
Cape Breton Regional Hospital, Management Committee	CBRHMC
Central Highlands Association of the Disabled	CHAD
Cere, Gary	CERE
Chandlers' Ambulance Service	CHANDLER
City of Dartmouth	DART
City of Halifax	HALIFAX
Clarke, J.D.	CLARKE
Cobequid Multi-Service Centre	COBEQUID
Colchester Regional Hospital	COLCHEST
Coldwell, Susan	COLDWELL
Cole, Sheila	COLE
Committee of Pre-Hospital Care Personnel of N.S.	PREHOSP
Community Health Nurses Association of Nova Scotia	CHNANS
Corning, Catherine	CORNING
Council for Exceptional Children, Nova Scotia Federation	COUNCIL
Cree, Dr. Ian Campbell	CREE
Cunningham, Sara	CUNNING
DES Action/Nova Scotia	DES
Dalhousie University, Department of Medicine	DALMED
Dalhousie University, Department of Medicine, Division of Geriatric Medicine and Centre for Health Care of the Elderly, Camp Hill Hospital	GERIAT
Dalhousie University, Department of Family Medicine	DALFAM
Dalhousie University, Faculty of Medicine	MEDSCHOL
Dartmouth General Hospital	DARTGENH
Digby General Hospital, Board of Trustees	DIGBYTTE
Digby General Hospital, Medical Staff	DIGBYMED
Diocesan Health Care Council	DIOCESAN
Duguid, Douglas	DUGUID

Duncan Macmillan Nursing Home Society	DUNCAN
Eastern Kings Memorial Hospital	EKM
Eastern Memorial Hospital, Board of Trustees	EMH
Eastern Shore Learning Opportunities for Women	ESLOW
Eastern Shore Memorial Hospital	ESMH
Elliot, Gloria	ELLIOT
Emotions Anonymous	EMOTIONS
Evans, Mary L	EVANS
Evergreen Senior Citizens Club	EVERG
Excel Inc.	EXCEL
Extendicare Hospital Management and Development Ltd.	EXTEND
Feetham, Marion	FEETHAM
Feindel, Dr. John	FEINDEL
Fishermen's Memorial Hospital	FMH
Folinsbee, Dr. Catherine	FOLINSBE
Fredrickson, Dr. Robert E.	FREDRICK
Friends of Schizophrenics, Antigonish	FRIENDS
Friends of Schizophrenics, Nova Scotia	SCHIZO
Fryer, Frank	FRYER
Gerontology Association of Nova Scotia	GERANS
Girard, Paul	GIRARD
Goldbloom, Dr. Richard	GOLDBLM
Grand Narrows and District Board of Trade	GRAND
Green Shield Prepaid Services Inc.	GREENSLD
Guysborough Memorial Hospital	GUYSHOSP
Halifax Board of Trade	HFXTRADE
Halifax County-Bedford District School Board	HFXCOSCH
Halifax-Dartmouth Council of Churches	HFXCHURC
Halifax District School Board	HFXSCHBD
Halifax General Practitioners Society	HFXGPSOC
Handicapped Organization Promoting Equality	HOPE
Health Coalition of Cape Breton	HCCB
Hennigar, Florence	HENNIGAR
Higgs, Michael	HIGGS
Highland View Regional Hospital	HIGHLAND
Hofman, Dr. Jason	HOFMAN
Holden, Nanette	HOLDEN
Hospice/Palliative Care Society of Cape Breton	HOSPICE
Human Ecology Foundation, Halifax-Dartmouth Branch	HUMANEC
Industrial Cape Breton Regional Services Committee	ICBRSC
Institute of Chartered Accountants of Nova Scotia	INSTCAS
Institute of Pastoral Training	IPT
Inverness Consolidated Memorial Hospital	ICMH
Irving, Charles J. Sr.	IRVING
Izaak Walton Killam Children's Hospital	IWK
Jack, Barbara	JACK
Jenner, Stephen	JENNER

Johnston, Dr. Rose	JOHNSTON
Keirstead, Robert	KEIRSTEA
Kelly, Marie	KELLY
Kings CMHA Outreach	KINGSMHA
Kings County District School Board	KINGSSCH
Koerber, Richard	KOERBER
Krane, Dr. Ann	KRANE
LaPierre, Dr. Philip L.	LAPIERRE
LaValley, Dr. William and Dr. David Baker	LAVALLEY
Leighton, Dr. Alexander	LEIGHTON
LeMasson, Pierre	LEMASSON
Les Nouveaux Horizons de la Baronnie de Pubnico-Ouest	HORIZONS
Lotz, Jim (Dr. Bud Harlow Foundation)	LOTZ
Lovelace, James Cameron	LOVELACE
Loveridge, Dr. Peter	LOVERIDG
Lunenburg County Pro Life	PROLIFE
MacCulloch, Patricia	MACCULLO
Macdonald, Ellen	MACDONAL
MacDonell, Dr. J. E.	MACDONEL
MacIntosh, Weldon	MACINTOS
MacKenzie, Inez	MACK
MacLeod, Brian	MACLEOD
MacNeil, Dr. C. W.	MACNEIL
Macrobiotics East Group	MACROBIO
Macrobiotics East Group (Truro)	MACTRURO
Maddison, Douglas	MADDISON
Mainland South Community Centre Corporation	MAIN
Makhan, Dr. Winston	MAKHAN
Manthorne, C. Eric	MANTHORN
Marchant, Dr. Rosemary	MARCHANT
Maritime Fishermen's Union	MFU
Maritime Health Libraries Association	MHLA
Maritime Telegraph and Telephone Company Limited	MTT
Maroun, Dr. Albert	MAROUN
Martel, Dr. Robert F./St. Anne's Comm.&Nursing Care Centre	MARTEL
Martha Home Health Care	MARTHOME
McLellan, C. Lorne	MCLELLAN
Medical Society of Nova Scotia	MEDICAL
Meister, Stanley	MEISTER
Metro Area Committee on AIDS	MACAIDS
Metro Emergency Associates	EMERGEN
Metro Family Support	METROFAM
Metro In-Service Association	METROIN
Meyerowitz, D. Dorothee	MEYEROW
Midwifery Coalition of Nova Scotia	MIDWIFCO
Moore, Ella	MOORE
More, Nancy	MORE

Morley, J. Fred	MORLEY
Mullen, Dr. Peter	MULLEN
Multiple Sclerosis Society of Canada (Atlantic Division)	MS
Municipality of the County of Queens	QUEENSM
Murray, W. Jim	MURRAY
Musquodoboit Valley Memorial Hospital	MUSQUVAL
Neely, A.T.	NEELY
Nelson, Sheila	NELSON
New Democratic Party	NDP
New Democratic Party - Queens Consitituency	QNDP
Nicoletti, Stephanie	NICOLETT
Nonprescription Drug Manufacturers Association of Canada	NDMAC
North Queens Medical Centre Association	NQUEENS
Northside Harbour View Hospital Corporation	NORTHHAR
Nova Scotia Advisory Council on the Status of Women	NSACSW
Nova Scotia Association of Clinical Laboratory Managers	CLINLAB
Nova Scotia Association of Occupational Therapists	NSASSOCC
Nova Scotia Association of Optometrists	OPTOM
Nova Scotia Association of Health Organizations	NORTHHAR
Nova Scotia Association of Radiologists	RADIO
Nova Scotia Branch, Canadian Physiotherapy Association and Nova Scotia College of Physiotherapists	PHYSIO
Nova Scotia Burn Support Group	BURN
Nova Scotia Certified Nursing Assistant Association	CNA
Nova Scotia Chapter, College of Family Physicians of Canada	NSFAMDR
Nova Scotia Childbirth Education Association (I)	NSCEA1
Nova Scotia Childbirth Education Association (II)	NSCEA2
Nova Scotia Chiropractic Association	CHIRO
Nova Scotia Commission on Drug Dependency	CODD
Nova Scotia Co-operative Council	NSCOOP
Nova Scotia Council for Multicultural Health	NSCMH
Nova Scotia Dental Association	DENTISTS
Nova Scotia Dietetic Association	NSDIET
Nova Scotia Family and Child Welfare Association	NSFCWA
Nova Scotia Federation of Community Health Clinics	FEDCOM
Nova Scotia Federation of Labour	NSFEDLAB
Nova Scotia Government Employees Union	NSGEU
Nova Scotia Head Injury Association	HEADINJ
Nova Scotia Heart Foundation	HEART
Nova Scotia Hospital	NSH
Nova Scotia Lung Association	LUNG
Nova Scotia Nurses' Union	NSNU
Nova Scotia Nutrition Council	NSNUTRIC
Nova Scotia Psychiatric Association	PSYCHIAT
Nova Scotia Rehabilitation Centre	NSREHAB
Nova Scotia Society of Clinical Chemists	CHEMISTS

Nova Scotia Society of Occupational Therapists	OCCTHER
Nova Scotia Society of Medical Laboratory Technologists	MEDTECH
Nova Scotians United for Life	NSULIFE
Parkinson's Society, N.S.	PARKIN
Parsons, Steve	PARSONS
Pastoral Care Committee, Aberdeen Hospital	ABERPAST
Pastoral Care Study and Action Association	PASTORAL
Peddle, Dr. Leo	PEDDLE
Penney, Maureen A.	PENNEY
Pharmaceutical Manufacturers Association of Canada	PMAC
Pharmacy Association of Nova Scotia	PHARMACY
Pictou County Mental Health Association	PCMHA
Pierce, Sylvia	PIERCE
Pittman, John	PITTMAN
Planned Parenthood Association of Hfx. Dart. and Hfx Co.	PLANNED
Planned Parenthood Association, Nova Scotia	PLANNS
Prepared Childbirth Association of Nova Scotia	PCANS
Professional Association of Residents & Interns of the Maritime Provinces	INTERNS
Progress Centre for Early Intervention	PROGRESS
Public Health Association of Nova Scotia	PHANS
Queens General Hospital, Medical Staff	QUEENSMD
Queens General Hospital	QGH
Queens Home for Special Care Corporation	QUEENSHO
Rajhathy, Judit	RAJHATHY
Rayment, Ken	RAYMENT
Registered Nurses Association of Nova Scotia	RNANS
Respite Office, Canadian Association for Community Living	RESPITE
Richards, M. Judith	RICHARDS
Richman, Dr. Alex	RICHMAN
Richmond County Municipal Council	RICHMOND
Robinson, Mrs. Alexander	ROBINSON
Roby, Dr. H.R.	ROBY
Rogers, Kevin	ROGERS
Roseway Hospital	ROSEWAY
Ross, Dr. Gerald H.	ROSS
Rozovsky, Dr. Fay	ROZOVSKY
Rubenstein, Gail	RUBEN
S.E.A.R.C.H. - Self Helf for Agoraphobia Society	SEARCH
Sanderson, Lucile	SANDERSO
Scott, Dr. Kenneth	SCOTT
Scott, Evan	SCOTTEV
Second Story Women's Centre	SECOND
Self Help Connection	SELFHELP
Seney, Ron	SENEY
Senior Citizens Advisory Committee, Strait Richmond Hosp	SRSENIOR

Service for Sexual Assault Victims	SSAV
Settle, Winston	SETTLE
Sheet Harbour and Area Local Committee on Drug Dependency	SHLCDD
Sisters of St. Martha, Social Justice Committee	SOCIAL
Smith, Dr. Everett	SMITH
Social Services Committee, Municipality of Pictou County	PICTOU
Societe Madeleine LeBlanc	LEBLANC
Soldiers Memorial Hospital	SOLDIERS
South Shore Regional Hospital, Department of Anaesthesia	SOUTH-AN
South Shore Regional Hospital, Medical Executive	SOUTHMED
Speech and Hearing Association of Nova Scotia	SHANS
Spina Bifida Association of Nova Scotia	SPINA
St. Francis Xavier University, Department of Nursing	STFX
St. John Ambulance	STJOHN
St. Martha's Hospital, Medical Staff Association	STMARTHA
St. Rita Hospital	ST-RITA
Strait Area Alzheimers Support Group	ALZSTR
Strait Richmond Hospital	STRAIT
Sutherland Harris Memorial Hospital, Staff Development	SUTHSTAF
Sutherland Harris Memorial Hospital	SUTHERMD
Sydney Board of Health	SYDNEYBH
Thomson, Dr. Michael	THOMSON
Town of Amherst, County of Cumberland, Town of Oxford, Town of Parrsboro, Town of Springhill	AMHERST
Town of Liverpool	LIVERP
Town of Port Hawkesbury	PORTHAWK
Trans Med Corporation	TRANSMED
Truro and District Chamber of Commerce	TRUROCHC
Truro Palliative Care	TRUROPAL
Underwood, Jay	UNDERWOO
United Action Coalition	UAC
Vail, Gilbert	VAIL
Valley Child Development Association	VCDA
Valley Health Services Association	VHSA
Valley Health Services Association, Dept of Mental Health	VALMEN
Victoria County Memorial Hospital	VICTORIA
Victoria General Hospital, Medical Staff	VG-STAFF
Victorian Order of Nurses for Nova Scotia	VON
Victorian Order of Nurses (Yarmouth)	VON-Y
Voluntary Planning Health Care Sector	VOLUNT
Walling, Dr. Keith	WALLING
Warner, Dr. Alan, Dr. Ed Strok, Dr. Len Denton, Dr. Joelle Caplan, Dr. Joan Boutilier, and Alex Rothole	WARNER
Warren T. Roop Ltd.	ROOP
Webster, David	WEBSTER
Whalen, Mrs. Susan	WHALEN
Whitney Pier Senior Citizens & Pensioners Club	WHITNEY

Whycocomagh Development Commission	WHYDEVCO
Wildsmith, Ardythe, Geri Geldart, Bob Kanygin, Richard Manuel, and John Toogood	WILDSMIT
Wilkins, Ms. Marilyn, Karen Hudson, and Bernadette Burns	WILKINS
Women's Action Coalition of Nova Scotia - Health Committee	WACNS
Women's Action Coalition of Nova Scotia - Reproductive Rights Committee	WACREPRO
Women's Health Education Network	WHEN
Women's Institutes of Nova Scotia	WINS
Women's Institutes of Nova Scotia, Eastern Area	WOMENS
Yarmouth Regional Hospital	YARMOUTH

A P P E N D I X "E"

Alphabetical List of Abbreviations of Authors of Submissions Used in APPENDIX "F"

AASHE	Association for the Advancement of School Health Education
ABERDEEN	Aberdeen Hospital
ABERPALL	Aberdeen Palliative Care Society
ABERPAST	Pastoral Care Committee, Aberdeen Hospital
ACCH	Association for the Care of Children's Health
ACGC	Atlantic Child Guidance Centre
ACLD	Atlantic Conference on Learning Disabilities
AHSC	Associated Homes for Special Care, Nova Scotia
ALLEN	Allen, Elsie
ALLSAINT	All Saints Springhill Hospital
ALZSOC	Alzheimer Society of Nova Scotia
ALZSTR	Strait Area Alzheimers Support Group
AMHERST	Town of Amherst, County of Cumberland, Town of Oxford, Town of Parrsboro, Town of Springhill
ANDERSON	Anderson, Dr. Leland
ANGLICAN	Anglican Diocese of Nova Scotia
ANNAN	Annandale Guest House
ANNAPOL	Annapolis General Hospital
ANTIGPRO	Antigonish Right to Life
AOANS	Ambulance Operators Association of Nova Scotia
APSAC	Association of Parents and Professionals For Safe Alternatives in Childbirth of Nova Scotia
ARCMR	Atlantic Research Center for Mental Retardation
ARNETT	Arnett, Gary
ATWOOD	Atwood, Shirley
AWOMEN	Antigonish Women's Association
BDREGNA	Board of Registration of Nursing Assistants
BEACH	Beach, Reverend George
BETHUNE	Bethune, Dr. Graeme
BLOUIN	Blouin, Barbara
BONDING	Better Obstetric and Neonatal Decisions In the New Grace
BOYLE	Boyle, Shirley
BRETON	Breton Business Centre
BRETT	Brett, Geoff
BUCHANAN	Buchanan Memorial Hospital
BURHOE	Burhoe, John
BURN	Nova Scotia Burn Support Group
CACTUS	Canadian Consulting and Tutoring Services
CALDWELL	Caldwell, Kenny

CAMPBELL	Campbell, Patricia
CANCER	Canadian Cancer Society, Nova Scotia Division
CANNING	Canning, Terry
CANPARA	Canadian Paraplegic Association, Nova Scotia Division
CAPE	Cape Breton Council for Senior Citizens and Pensioners
CARAL	Canadian Abortion Rights Action League, Cape Breton Chapter
CBBMH	Cape Breton Board of Mental Health
CBH	Cape Breton Hospital
CBRHMC	Cape Breton Regional Hospital, Management Committee
CCHSE	Canadian College of Health Service Executives
CDMA	Canadian Drug Manufacturers Association
CERE	Cere, Gary
CFIB	Canadian Federation of Independent Business
CHAD	Central Highlands Association of the Disabled
CHANDLER	Chandlers' Ambulance Service
CHEMISTS	Nova Scotia Society of Clinical Chemists
CHIRO	Nova Scotia Chiropractic Association
CHNANS	Community Health Nurses Association of Nova Scotia
CLARKE	Clarke, J.D.
CLINLAB	Nova Scotia Association of Clinical Laboratory Managers
CMHAHFX	Canadian Mental Health Association, Halifax Branch
CMHANS	Canadian Mental Health Association, Nova Scotia Division
CNA	Nova Scotia Certified Nursing Assistant Association
COBEQUID	Cobequid Multi-Service Centre
CODD	Nova Scotia Commission on Drug Dependency
COLCHEST	Colchester Regional Hospital
COLDWELL	Coldwell, Susan
COLE	Cole, Sheila
COMMUN	Canadian Association for Community Living
CORNING	Corning, Catherine
COUNCIL	Council for Exceptional Children, Nova Scotia Federation
CPCCB	Canadian Pensioners Concerned Inc., Cape Breton Co. Chapter
CPCNS	Canadian Pensioners Concerned Incorporated, N.S. Division
CREE	Cree, Dr. Ian Campbell
CRIAW	Canadian Research Institute for the Advancement of Women
CUNNING	Cunningham, Sara
CUPE	Canadian Union of Public Employees, Local 2330
CUPE3264	Canadian Union of Public Employees, Local 3264

DALFAM	Dalhousie University, Department of Family Medicine
DALMED	Dalhousie University, Department of Medicine
DART	City of Dartmouth
DARTGENH	Dartmouth General Hospital
DENTISTS	Nova Scotia Dental Association
DES	DES Action/Nova Scotia
DIGBYGEN	Digby General Hospital, Board of Trustees
DIGBYMED	Digby General Hospital, Medical Staff
DIOCESAN	Diocesan Health Care Council
DUGUID	Duguid, Douglas
DUNCAN	Duncan Macmillan Nursing Home Society
EKM	Eastern Kings Memorial Hospital
ELLIOT	Elliot, Gloria
EMERGEN	Metro Emergency Associates
EMH	Eastern Memorial Hospital, Board of Trustees
EMOTIONS	Emotions Anonymous
ESLOW	Eastern Shore Learning Opportunities for Women
ESMH	Eastern Shore Memorial Hospital
EVANS	Evans, Mary L
EVERG	Evergreen Senior Citizens Club
EXCEL	Excel Inc.
EXTEND	Extendicare Hospital Management and Development Ltd.
FEDCOM	Nova Scotia Federation of Community Health Clinics
FEETHAM	Feetham, Marion
FEINDEL	Feindel, Dr. John
FMH	Fishermen's Memorial Hospital
FOLINSBE	Folinsbee, Dr. Catherine
FREDRICK	Fredrickson, Dr. Robert E.
FRIENDS	Friends of Schizophrenics, Antigonish
FRYER	Fryer, Frank
GERANS	Gerontology Association of Nova Scotia
GERIAT	Dalhousie University, Department of Medicine, Division of Geriatric Medicine and Centre for Health Care of the Elderly, Camp Hill Hospital
GIRARD	Girard, Paul
GOLDBLM	Goldbloom, Dr. Richard
GRAND	Grand Narrows and District Board of Trade
GREENSLD	Green Shield Prepaid Services Inc.
GUYSHOSP	Guysborough Memorial Hospital
HALIFAX	City of Halifax
HCCB	Health Coalition of Cape Breton
HEADINJ	Nova Scotia Head Injury Association
HEART	Nova Scotia Heart Foundation
HENNIGAR	Hennigar, Florence
HFXCHURC	Halifax-Dartmouth Council of Churches
HFXCOSCH	Halifax County-Bedford District School Board
HFXGPSOC	Halifax General Practitioners Society

HFXSCHBD	Halifax District School Board
HFXTRADE	Halifax Board of Trade
HIGGS	Higgs, Michael
HIGHLAND	Highland View Regional Hospital
HOFMAN	Hofman, Dr. Jason
HOLDEN	Holden, Nanette
HOMES	Associated Homes for Special Care, South Shore Region
HOPE	Handicapped Organization Promoting Equality
HORIZONS	Les Nouveaux Horizons de la Baronnie de Pubnico Ouest
HOSPICE	Hospice/Palliative Care Society of Cape Breton
HUMANEC	Human Ecology Foundation, Halifax-Dartmouth Branch
ICBRSC	Industrial Cape Breton Regional Services Committee
ICMH	Inverness Consolidated Memorial Hospital
INSTCAS	Institute of Chartered Accountants of Nova Scotia
INTERNS	Professional Association of Residents & Interns of the Maritime Provinces
IPT	Institute of Pastoral Training
IRVING	Irving, Charles J. Sr.
IWK	Izaak Walton Killam Children's Hospital
JACK	Jack, Barbara
JENNER	Jenner Stephen
JOHNSTON	Johnston, Dr. Rose
JOINTEX	Cape Breton Joint Expenditure Board
KEIRSTEA	Keirstead, Robert
KELLY	Kelly, Marie
KINGSMHA	Kings CMHA Outreach
KINGSSCH	Kings County District School Board
KOERBER	Koerber, Richard
KRANE	Krane, Dr. Ann
LAPIERRE	LaPierre, Dr. Philip L.
LAVALLEY	LaValley, Dr. William and Dr. David Baker
LEBLANC	Societe Madeleine LeBlanc
LEIGHTON	Leighton, Dr. Alexander
LEMASSON	LeMasson, Pierre
LIVERP	Town of Liverpool
LOTZ	Lotz, Jim (Dr. Bud Harlow Foundation)
LOVELACE	Lovelace, James Cameron
LOVERIDG	Loveridge, Dr. Peter
LUNG	Nova Scotia Lung Association
MACAIDS	Metro Area Committee on AIDS
MACCULLO	MacCulloch, Patricia
MACDONAL	Macdonald, Ellen
MACDONEL	MacDonell, Dr. J. E.
MACINTOS	MacIntosh, Weldon
MACK	MacKenzie, Inez

MACLEOD	MacLeod, Brian
MACNEIL	MacNeil, Dr. C. W.
MACROBIO	Macrobiotics East Group
MACTRURO	Macrobiotics East Group (Truro)
MADDISON	Maddison, Douglas
MAIN	Mainland South Community Centre Corporation
MAKHAN	Makhan, Dr. Winston
MANTHORN	Manthorne, C. Eric
MARCHANT	Marchant, Dr. Rosemary
MAROUN	Maroun, Dr. Albert
MARTEL	Martel, Dr. Robert F./St. Anne's Community & Nursing Care Centre
MARTHOME	Martha Home Health Care
MCLELLAN	McLellan, C. Lorne
MEDICAL	Medical Society of Nova Scotia
MEDSCHOL	Dalhousie University, Faculty of Medicine
MEDTECH	Nova Scotia Society of Medical Laboratory Technologists
MEISTER	Meister, Stanley
METROFAM	Metro Familiy Support
METROIN	Metro In-Service Association
MEYEROW	Meyerowitz, D. Dorothee
MFU	Maritime Fishermen's Union
MHLA	Maritime Health Libraries Association
MIDWIFCO	Midwifery Coalition of Nova Scotia
MOORE	Moore, Ella
MORE	More, Nancy
MORLEY	Morley, J. Fred
MS	Multiple Sclerosis Society of Canada (Atlantic Division)
MTT	Maritime Telegraph & Telephone Company Limited
MULLEN	Mullen, Dr. Peter
MURRAY	Murray, W. Jim
MUSQUVAL	Musquodoboit Valley Memorial Hospital
NDMAC	Nonprescription Drug Manufacturers Assoc. of Canada
NDP	New Democratic Party
NEELY	Neely, A.T.
NELSON	Nelson, Sheila
NICOLETT	Nicoletti, Stephanie
NORTHHAR	Northside Harbour View Hospital Corporation
NQUEENS	North Queens Medical Centre Association
NSACSW	Nova Scotia Advisory Council on the Status of Women
NSAHO	Nova Scotia Association of Health Organizations
NSASSOCC	Nova Scotia Association of Occupational Therapists
NSCEA1	Nova Scotia Childbirth Education Association (I)
NSCEA2	Nova Scotia Childbirth Education Association(II)
NSCMH	Nova Scotia Council for Multicultural Health
NSCOOP	Nova Scotia Co-operative Council

NSDIET	Nova Scotia Dietetic Association
NSFAMDR	Nova Scotia Chapter of the College of Family Physicians of Canada
NSFCWA	Nova Scotia Family and Child Welfare Association
NSFEDLAB	Nova Scotia Federation of Labour
NSGEU	Nova Scotia Government Employees Union
NSH	Nova Scotia Hospital
NSNU	Nova Scotia Nurses' Union
NSNUTRIC	Nova Scotia Nutrition Council
NSREHAB	Nova Scotia Rehabilitation Centre
NSULIFE	Nova Scotians United for Life
OCCTHER	Nova Scotia Society of Occupational Therapists
OPTOM	Nova Scotia Association of Optometrists
PARKIN	Parkinson's Society, N.S.
PARSONS	Parsons, Steve
PASTORAL	Pastoral Care Study and Action Association
PCANS	Prepared Childbirth Association of Nova Scotia
PCMHA	Pictou County Mental Health Association
PEDDLE	Peddle, Dr. Leo
PENNEY	Penney, Maureen A.
PHANS	Public Health Association of Nova Scotia
PHARMACY	Pharmacy Association of Nova Scotia
PHYSIO	Nova Scotia Branch, Canadian Physiotherapy Association and Nova Scotia College of Physiotherapist
PICTOU	Social Services Committee, Mun. of Pictou Co.
PIERCE	Pierce, Sylvia
PITTMAN	Pittman, John
PLANNED	Planned Parenthood Association of Halifax, Dartmouth and Halifax County
PLANNS	Planned Parenthood Association, Nova Scotia
PMAC	Pharmaceutical Manufacturers Asso of Canada
PORTHAWK	Town of Port Hawkesbury
PREHOSP	Committee of Pre-Hospital Care Personnel of Nova Scotia
PROGRESS	Progress Centre for Early Intervention
PROLIFE	Lunenburg County Pro Life
PSYCHANS	Association of Psychologists of Nova Scotia
PSYCHIAT	Nova Scotia Psychiatric Association
QGH	Queens General Hospital
QNDP	New Democratic Party - Queens Consitituency
QUEENSHO	Queens Home for Special Care Corporation
QUEENSM	Municipality of the County of Queens
QUEENSMD	Queens General Hospital, Medical Staff
RADIO	Nova Scotia Association of Radiologists
RAJHATHY	Rajhathy, Judit
RAYMENT	Rayment, Ken

REDCROSS	Canadian Red Cross Society, N.S. Division
RESPITE	Respite Office, Canadian Association for Community Living
RICHARDS	Richards, M. Judith
RICHMAN	Richman, Dr. Alex
RICHMOND	Richmond County Municipal Council
RNANS	Registered Nurses Association of Nova Scotia
ROBINSON	Robinson, Mrs. Alexander
ROBY	Roby, Dr. H.R.
ROGERS	Rogers, Kevin
ROOP	Warren T. Roop Ltd.
ROSEWAY	Roseway Hospital
ROSS	Ross, Dr. Gerald H.
ROZOVSKY	Rozovsky, Dr. Fay
RUBEN	Rubenstein, Gail
SANDERSO	Sanderson, Lucile
SCHIZO	Friends of Schizophrenics, Nova Scotia
SCOTT	Scott, Dr. Kenneth
SCOTTEV	Scott, Evan
SEARCH	S.E.A.R.C.H. - Self Helf for Agoraphobia Society
SECOND	Second Story Women's Centre
SELFHELP	Self Help Connection
SENEY	Seney, Ron
SETTLE	Settle, Winston
SHANS	Speech and Hearing Association of Nova Scotia
SHLCDD	Sheet Harbour and Area Local Committee on Drug Dependency
SMITH	Smith, Dr. Everett
SOCIAL	Sisters of St. Martha, Social Justice Committee
SOLDIERS	Soldiers Memorial Hospital
SOUTH-AN	South Shore Regional Hospital, Department of Anaesthesia
SOUTHMED	South Shore Regional Hospital, Medical Executive
SPINA	Spina Bifida Association of Nova Scotia
SRSENIOR	Senior Citizens Advisory Committee, Strait Richmond Hospital
SSAV	Service for Sexual Assault Victims
ST-RITA	St. Rita Hospital
STFX	St. Francis Xavier University, Department of Nursing
STJOHN	St. John Ambulance
STMARTHA	St. Martha's Hospital, Medical Staff Association
STRAIT	Strait Richmond Hospital
SUTHERMD	Sutherland Harris Memorial Hospital
SUTHSTAF	Sutherland Harris Memorial Hospital, Staff Development
SYDNEYBH	Sydney Board of Health
THOMSON	Thomson, Dr. Michael
TRANSMED	Trans-Med Corporation

TRUROCHC	Truro and District Chamber of Commerce
TRUROPAL	Truro Palliative Care
UAC	United Action Coalition
UNDERWOO	Underwood, Jay
VAIL	Vail, Gilbert
VALMEN	Valley Health Services Assoc., Department of Mental Health
VCDA	Valley Child Development Association
VG-STAFF	Victoria General Hospital, Medical Staff
VHSA	Valley Health Services Association
VICTORIA	Victoria County Memorial Hospital
VOLUNT	Voluntary Planning Health Care Sector
VON	Victorian Order of Nurses for Nova Scotia
VON-Y	Victorian Order of Nurses (Yarmouth)
WACNS	Women's Action Coalition of Nova Scotia - Health Committee
WACREPRO	Women's Action Coalition of NS, Reproductive Rights Committee
WALLING	Walling, Dr. Keith
WARNER	Warner, Dr. Alan, Dr. Ed Strok, Dr. Len Denton, Dr. Joelle Caplan, Dr. Joan Boutilier, and Alex Rothole
WEBSTER	Webster, David
WHALEN	Whalen, Mrs. Susan
WHEN	Women's Health Education Network
WHITNEY	Whitney Pier Senior Citizens & Pensioners Club
WHYDEVCO	Whycocomagh Development Commission
WILDSMIT	Wildsmith, Ardythe, Geri Geldart, Bob Kanygin, Richard Manuel, and John Toogood
WILKINS	Wilkins, Marilyn, Karen Hudson, and Bernadette Burns
WINS	Women's Institutes of Nova Scotia
WOMENS	Women's institutes of Nova Scotia, Eastern Area
YARMOUTH	Yarmouth Regional Hospital

APPENDIX F

GENERAL RECOMMENDATIONS

This appendix consists of a listing of generalizations based on the recommendations, opinions, suggestions and position statements made to the Royal Commission. In arriving at these generalizations every effort was made to preserve the essential ideas in the original submissions. It is imperative to note that these statements are NOT recommendations made by the Royal Commission, nor have they been adopted by the Commission. It is also important to note that while each statement is only listed once, the majority was used in preparing more than one of the "Major Topics". Since it proved to be impractical to cross-list recommendations under every appropriate heading, they are listed under the heading to which they primarily relate. The abbreviations appearing after each statement refer to presenters who voiced that particular concern or idea. These abbreviations are listed alphabetically in Appendix E.

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PLANNING

General

Initiate a comprehensive and integrated provincial strategy for the provision of health services in Nova Scotia, involving government at the highest level. (ALLSAINT) (ANNAPOL) (COLCHEST) (EKM) (ICMH) (INSTCAS) (IWK) (NSAHO) (NSH) (NSREHAB) (QGH) (ROSEWAY) (SOUTHMED) (STRITA) (STMARTHA) (VGSTAFF) (VHSA) (VICTORIA) (YARMOUTH)

Political interference must be removed from the health care system. (INTERNS) (MEDICAL)

Provincial long term planning in health is necessary. (ALLSAINT) (ANGLICAN) (ANNAPOL) (COLCHEST) (EKM) (HALIFAX) (HFXTRADE) (ICMH) (INSTCAS) (IWK) (JENNER) (MEDICAL) (MEDSCHOL) (NSAHO) (NSH) (NSREHAB) (QGH) (ROSEWAY) (SOUTHMED) (STRITA) (STMARTHA) (SYDNEYEH) (VGSTAFF) (VHSA) (VICTORIA) (VOLUNT) (YARMOUTH)

Maintain the public funding and administration of the health care system in accordance with the principles of the Canada Health Act. (CPCCB) (DIOCESAN) (HCCB) (NSFEDLAB) (STFX) (WHITNEY)

The principles of social justice and equity and the application of human rights must be integrated in health professions, in employment in the health systems and institutions, as well as with reference to multicultural and minority representation on the councils or boards of health agencies, institutions, and policy making groups. (NSCMH)

Reallocation of resources within the system should not result in an overall reduction of health care resources. (INTERNS)

The province has a primary responsibility to provide access to a minimal level of service rather than the acquisition of "cutting edge technology" in tertiary care facilities. (GERANS)

Reduce funding for tertiary care. (CPCNS)

Appropriate capital funding should be provided for the new developments in modern technology and interventional techniques. (RADIO)

Government must assume accountability for adequately supplying the on-going operating requirements of projects for which it provides capital construction funding. (MEDICAL)

Reorganize the delivery of health care in accordance with a comprehensive and integrated provincial strategy that would leave operating authority in local hands and strategic decision making at the provincial level. (ALLSAINT) (ANNAPOL) (COLCHEST) (EKM) (ICMH) (IWK) (JENNER) (NSAHO) (NSH) (NSREHAB) (QGH) (ROSEWAY) (SOUTHMED) (STRITA) (STMARTHA) (VGSTAFF) (VHSA) (VICTORIA) (VOLUNT) (YARMOUTH)

Establish a provincial coordination and control structure (such as a commission) to direct the delivery of health services based upon the needs determined at the community level. (RNANS)

Study basis of decision-making in health care system. (INSTCAS)

Integrated mental/health planning at the local institutional-agency-service level, regional basis, and provincial levels needs to be fostered. (NSH) (RICHMAN)

The Province should adopt a philosophy of health and health care that integrates the World Health Organization definition of health with the public policy of the province, recognizing the continuum of health and health care needs. (VON)

Broad definitions of health and mental health should be used in health policy in order to account for all the factors that affect a person's well-being and include the entire Nova Scotia population. (CMHAHFX)

Certain non-psychiatric/mental health problems should be removed from the health sector, e.g. marital counseling. (VALMEN)

Review the medical orientation of mental health in Nova Scotia in light of research on mental health treatment with a view toward better utilizing additional professional and non-professional community resources in the mental health system. (WARNER)

Mental health services in hospitals should be integrated into the general hospital system rather than constructing new mental hospitals. (RICHMAN)

The balanced development and coordination of existing services requires greater coordination with general physicians rather than an expansion of mental health services. (LEIGHTON)

Access to mental health services generally, and for children and adolescents specially, needs to be easier, quicker, and within a broader definition of mental illness. (KELLY) (NDP) (NSFCWA)

Physically ill individuals, regardless of past or even present psychiatric problems, should have equal access to medical facilities for treatment of physical conditions. (NSH)

Broaden access to services available to abused children to include victims of abuse caused by any person. (BOYLE)

Implement a policy of true universal access for all in need of health care services. (ANGLICAN) (CPCNS) (NSCMH) (QNDP) (SECOND) (VON)

Establish clear guidelines to set a balance between improved quality care and reduced points of access to acute care. (HFXTRADE)

Patients should be free to move to the level of care required within the global health and social service system. (VOLUNT)

Independent living for the elderly should be supported for as long as possible. Options for the elderly need to be created, encouraged and supported by government and the community. (ANNAN) (CREE) (WOMENS)

Accept aging, although a normal process, as a health issue. (JOINTEX)

The Nova Scotia government should adopt the definitions of impairment, disability, and handicap found in "World Programme of Action Concerning Disabled Persons". (CHAD) (UAC)

Make all health service facilities accessible to disabled people. (CANPARA) (UAC) (WHEN)

Eliminate discriminatory practices and adopt affirmative action measures to address women's health needs. (CRIAW)

Better access to medical services and hospitals in the rural community, and better transportation for those having to travel for care. (MACK)

Make bilingualism a criteria of employment for personnel employed in the health and social services fields of the Acadian regions of our province. (LEBLANC)

The government of Nova Scotia should actively promote and provide bilingual services. (LEBLANC) (NSCMH)

Prohibit private, profit-seeking organizations from the control or significant involvement in any part of our public health care system. (NSGEU)

Consideration be given to a role for private, independent clinical laboratories and diagnostic imaging services in the delivery of health care in Nova Scotia. (MULLEN) (RADIO) (TRANSMED)

Regionalization

All major health and educational resources should be available in every region of the province. (VCDA)

A coordinated regional planning process needs to be implemented. (MADDISON)

A formal, province-wide advisory committee with regional representation should be created to advise the Minister of Health and Fitness and appropriate public officials on guidelines, standards, requirements and financial support for a regionalized service delivery system. (CMHANS)

More efficient utilization of health facilities might be achieved by implementing a system of four regional Health Boards, each responsible for 25% of the population and holding administrative and fiscal responsibilities. (SOUTHMED)

Policy direction as well as financial control should be given to health care providers on a regional basis. (VHSA)

The Department of Health must accept that rural communities are at a disadvantage when considering the concept of universality, most specifically in the cost of travel. (MARTEL)

The Department of Health and Fitness should create positions at the Assistant Deputy Minister level to coordinate the regional development of community and hospital-based mental health programs. (CMHANS)

Regional cooperation be encouraged by clarifying the funding and responsibility of the designated regional hospital and regional planning committees. (ABERDEEN) (ALLSAINT) (ANNAPOL) (EKM) (FMH) (HFXTRADE) (ICBRSC) (ICMH) (MACDONEL) (QUEENSMD) (STRITA)

Regional facilities be placed in areas each having a population large enough to support an appropriate range of medical specialists. (ALLSAINT) (NSAHO) (VHSA)

Regional or provincial planning for hospital rationalization should be implemented. (HCCB)

Patients should be discharged from tertiary care centers to community and regional hospitals when appropriate. (MACNEIL)

Hospitals should be regionalized and classified according to their ability to handle specific emergency patients. This should serve as a basis for drawing up transfer and transport policies. The Emergency Medical Services Committee, with input of local medical and ambulance personnel, should be directly involved. (EMERGEN)

Increase the frequency and variety of specialty medical services to the regions. (ESLOW)

An assessment of the availability of critical care beds at the regional and tertiary levels is needed. (ANNAPOL)

A non-political tribunal should determine future allocation of acute care beds. (DIGBYGEN) (DIGBYMED)

A pilot programme be initiated to link regional hospitals to the Izaak Walton Killam Hospital for Children through computerization for the purpose of establishing a pediatric database. (IWK)

Increase the number of hospital beds for Halifax County through the construction of new beds or a reduction in demand. (DALMED)

The Dartmouth General should be funded as a regional hospital. (DARTGENH)

Fund Digby General Hospital as a sub-regional facility. (DIGBYMED)

A regionally-based, comprehensive, community mental health services, promotion and prevention system should be developed and implemented through new legislation. (CMHANS) (VCDA) -- as an alternative to leaving the community to "go to the Nova Scotia Hospital".-- (FRIENDS) (RICHMAN)

Complete the regionalization of mental health services in Nova Scotia by finalizing approval for construction and staffing of psychiatric inpatient units at the regional hospitals in New Glasgow and Truro. (PCMHA) (PSYCHIAT)

Planning must commence immediately for the construction of a new larger facility for the assessment and treatment of the mentally ill offender. (NSH)

Funding should be available for appropriate community-based services/therapy to allow persons who exhibit difficult behaviours or who are discharged into their communities to remain in their communities. (CBH) (CBBMH) (COMMUN) (NSH) (PIERCE) (RICHMAN) (SCHIZO) (WACNS)

Residential treatment and assessment services for mentally or physically abused young people should be set up on a regional basis. (AMHERST) (VALMEN)

Hire regional pastoral care coordinators to improve cooperation and education opportunities. (ANGLICAN)

Reallocate funds to regional community health facilities to provide occupational therapy services in these facilities so that the continuum of occupational therapy services begun in hospital settings will be carried out in the patient's home and/or in his local community. (NSASSOCC) (OCCTHER)

Improve access to early abortion services to all women in Nova Scotia. (WACREPRO)

Participants in Planning

An overall planning group in the health sector is needed which would base health care commitments on a rational decision making process. (MEDSCHOL)

Consider the establishment of a Nova Scotia Institute of Wellness. (ANGLICAN)

Create a renewed Health Commission to advise the Department of Health on health care needs, with the authority to operate the system but designed in a way to be free of direct interference from consumer groups, provider groups, and government. (MARTEL) (VOLUNT)

The Department of Health formulate District Health Councils to consider health and social issues from a multi-disciplinary perspective. (HALIFAX)

Establish an Advisory Council on Prevention (to replace the HESS committee) with responsibility to research and counsel on education, health and community services related to preventive health strategies to improve lifestyles and the social/health environment of Nova Scotians. (PLANNS)

Increased interaction should take place between the formal health care system and the more informal helping networks which exist in the community. (CMHAHFX) (CPCNS) (MAIN) (VON)

Ethnocultural communities should be involved in the planning and delivery of all health services including education and volunteer programs. (NSCMH)

Increase public involvement in health planning and delivery. (AWOMEN) (BONDING) (CPCNS) (NDP) (NSFEDLAB)

Require mandatory public participation on all hospital boards and health planning agencies, with public reporting on policies, expenditures and planning on a regular basis. (BONDING) (PCANS)

Consensus development through the Voluntary Planning Board be used in inducing a climate of change in the health care sector. (VOLUNT)

The role of the voluntary sector should be as an advocate to demonstrate the need for innovative and new services. (VOLUNT)

The government should cooperate more closely with private sector voluntary organizations in planning to reach health goals. (HEART) (MAIN) (VON)

Examine the role of volunteerism in the health care system, incorporate voluntary groups in a more orderly fashion into the system, and devise support methods to encourage such groups while allowing local control. (CMHAHFX) (MAIN) (SHLCDD) (VON)

Recognize and financially reward the important contributions of the health fields dominated by women. (CRIAW)

Include nurses in the planning process at all levels and stages of development and/or proposed changes to health care facilities or services. (NSNU)

Increase the involvement of primary health care professions outside of the medical establishment in policy decision making, and in diagnosis and treatment (chiropractors, osteopaths dentists, optometrists, acupuncturists etc). (CERE)

A committee of people with a range of disabilities, representatives from Medical Services Insurance, mutual aid groups, a medical supply firm, and the medical profession, be struck by the Department of Health and Fitness to consider the definition of, assessment procedures for, and cost of technical aids; and how to incorporate these costs into the Medical Services Insurance program. (UAC)

Create a position within the Department of Health to employ a full-time occupational therapy consultant who could provide leadership in the areas of program design, program evaluation and quality assurance. (NSASSOCC) (OCCTHER)

There is a need for consultation with the emergency medical services sector-including ambulances - in the planning of the proposed 911 emergency response system. (AOANS) (EMERGEN)

Youth should be invited to participate in developing policies, programs, information for youth, and school curricula so they can become participating members of society. (CMHAHFX)

Establish cooperation between the Church and the State on health related programs such as Marriage Preparation, Family Life Education, and Parenting. (ANGLICAN)

Research and Evaluation

(a) Service Delivery Models

The Department of Health Research Division data collection and research commitment be reviewed (including criticisms of "Outpatient Data System), and adjusted for providing useful measures of performance and effectiveness. (ACGC) (PCMHA)

Treatment and rehabilitation services in each region should be evaluated on their ability to target and address the particular needs of the persons for which they were established. (CMHANS)

The province develop objectives and evaluation procedures for all health care programs. (FEDCOM) (VON)

Research should be funded to identify duplication, cost efficiencies in service delivery modes, and effective physician incentive programs. (MEDSCHOL)

The province should allocate funds from the health care budget for the development of demonstration projects to stimulate and evaluate innovative forms of health care. (VOLUNT)

The process and results of acute and long term hospitalization or institutionalization of the elderly should be examined, and feasible alternatives that might allow delay or prevention of admissions be explored. (GERIAT)

Develop a program to monitor diagnostic-specific average Length of Stay (LOS) in all hospitals in order to identify those with higher LOS for purposes of reducing costs and avoiding unnecessary days in hospital. (GOLDBLM)

Review and investigate the number, efficacy and kinds of laboratory tests and surgical and therapeutic interventions performed to determine how many might be eliminated. (GOLDBLM)

Evaluate home care programs through the hospital accreditation criteria and requirements. (ESLOW)

The Commission should examine the impact of changing care levels on homes for special care due to the introduction of Home Care Programs. (DUNCAN)

Investigate the current delivery of services to determine where needs of child sexual assault victims and their families are not being met within the province, and coordinate team delivery of health, counselling and correctional services. (BOYLE)

Research is needed into areas of service delivery and equal accessibility to health and social services of persons with AIDS. (MACAIDS)

Problems of attitudes re AIDS and homosexuality need to be researched to determine the impact on care-giving. (MACAIDS)

A common organization and funding model for the delivery of addiction services be developed as a result of an evaluation of the three models currently in use. (ALLSAINT) (NSAHO) (VHSA)

A demonstration project designed to assess the effectiveness of psychological interventions in reducing health care costs should be funded. (PSYCHANS)

A study should be undertaken into the quality of pre-hospital care in Nova Scotia. (NORTHHAR) (PREHOSP) (STMARTHA)

Planning and implementation of emergency medical services should be done so that the impact of innovations can be measured to ensure a favourable cost-benefit ratio. (EMERGEN)

The amount of money already being spent on technical aids by the Government should be documented. (UAC)

The Nova Scotia government should initiate a study to determine the state of pastoral care in the health care system and its value. (ABERPAST) (PASTORAL)

(b) Epidemiological Research

The provincial government should make a commitment to ongoing evaluation of population health status, and assessment of program adequacy across the full spectrum of health care. (VOLUNT)

Health statistics should be compiled and published, and investigations should be conducted on areas showing higher than average disease rates, by the Department of Health. (JACK)

Assess the current health status of Nova Scotians through a survey and use this data both to determine health priorities and as a baseline for future measurement of improved health status. (RNANS) (VON)

Health status statistics and related costs be kept by the Province of Nova Scotia and be made accessible to policy makers and interested groups. (NSNUTRIC)

Immediate assessment must be undertaken of the health care needs of the rural communities of Nova Scotia, before more capital is committed to futuristic health care concepts. (MARTEL)

The government should approach Statistics Canada concerning gathering information on the number of people with disabilities in the federal census of 1991. (UAC)

(c) Clinical Research

A province-wide strategy be developed for the assessment, standardization and maintenance of new technologies. (ALLSAINT) (IWK) (MACDONEL) (NSAHO) (STMARTHA) (VGSTAFF) (VHSA) (VICTORIA) (YARMOUTH)

New single-source drugs should not be added to inventories until it is demonstrated that they are safe, efficient, and more cost-effective than existing products. (CDMA)

Review both new and presently existing pharmaceuticals, with a view to disallowing as benefits those with dubious therapeutic effectiveness. Monitor drug reactions and interactions. (PHARMACY)

The Province should provide incentives that encourage research into health, the delivery of health care, interdisciplinary collaboration, and cost effective ways of providing health care. (STFX)

A three-year research project to identify the mental health issues confronting the general population, youth and persons in the work force should be developed and funded by the Department of Health and Fitness and the Department of Education in collaboration with appropriate universities and regional advisory groups. (CMHANS)

Review or develop research into programs which might reduce costs and conduct studies which can demonstrate whether mental health care reduces overall health care costs. (PSYCHIAT)

Support hospital and medical research. (CBH) (DALMED) (HEART) (NDP) (PARKIN)

Research into schizophrenia must be better funded. (FRIENDS)

Government must increase research funding for Alzheimers, for both curative and preventive strategies. (ALZSTR)

Direct research money towards nutrition as therapy. (WACNS)

Provide provincial support for cancer research. (CANCER)

Additional research into environmental hypersensitivity should be undertaken. (ALLEN) (HUMANEC) (WHEN)

Tests and treatments that have been found to be effective and safe in dealing with environmental hypersensitivity should be considered for Medical Services Insurance coverage even if research has not been completed. (HUMANEC)

The Department of Health should undertake a short-term, retrospective study on the health costs incurred by environmentally sensitive patients, to get both a better understanding of these costs and determine how they might be reduced. (ROSS)

The Nova Scotia Department of Health and the Department of Education should jointly study the degree of indoor air pollution in Nova Scotia schools, and how such contamination may adversely affect the health and learning abilities of our students; and investigate the feasibility of establishing strategically located, less contaminated classrooms for environmentally sensitive students. (ROSS)

Research and evaluate the necessity of obstetrical intervention procedures, including caesarian sections, epidurals, episiotomies, etc. (NSACSW) (NSCEA2)

Encourage and endorse the formation of a Federal Royal Commission on Reproductive Technology to allow the Canadian public to consider the impact and regulation of new reproductive technologies. (NSACSW) (WACREPRO)

Establish a working committee to study New Reproductive Technologies (NRTs) with representatives from the medical, ethical, nursing, legal, health education and women's communities in light of the fact that NRTs are already actively being engaged and researched in Nova Scotia. NRTs, such as in vitro fertilization, must be brought under guidelines which embrace the medical, legal and ethical aspects of this technology. (NSACSW) (WACREPRO)

Place greater priority on research for improved methods of contraception. (PLANNED)

Fund research into the aging process of women; give doctors more courses in geriatrics and gerontology; encourage use of preventive programs and non-chemical remedies for older women; eyeglasses, hearing aids, and dental care should be covered by insurance for older women on limited incomes. (WACNS)

The effectiveness of treatments such as electromagnetic and traditional acupuncture, homeopathy, and biofeedback should be evaluated. (HUMANEC)

Alternative forms of medicine derived from other cultures should be studied to evaluate their extent and effectiveness within the context of mainstream systems, and to assess ways of incorporating those practices or therapies which are shown to have value. (NSCMH)

HEALTH PROMOTION AND PREVENTION

General

Increase emphasis and funding on health promotion through lifestyle education and illness prevention. (ALLSAINT) (ANGLICAN) (AWOMEN) (CAPE) (CBH) (CBRHMC) (CHNANS) (CMHAHFX) (CMHANS) (COLCHEST) (COLE) (CPCNS) (CUPE) (DALMED) (DART) (DIGBYGEN) (DIGBYMED) (DIOCESAN) (EKM) (ESMH) (FEDCOM) (HALIFAX) (HCCB) (HEART) (HFXTRADE) (HIGHLAND) (HOFMAN) (ICMH) (INSTCAS) (IWK) (JENNER) (JOINTEX) (LOTZ) (MAIN) (MEDICAL) (MORE) (NDMAC) (NDP) (NORTHHAR) (NSAHO) (NSDIET) (NSFEDLAB) (PHARMACY) (QNDP) (RNANS) (SECOND) (SOCIAL) (STFX) (STRITA) (SUTHERMD) (SUTHSTAF) (SYDNEYBH) (TRUROCHC) (VAIL) (VHSA) (VICTORIA) (VON) (WACNS) (WEBSTER) (WHEN) (WHITNEY)

Preventive health care should be funded under Medical Services Insurance. (DALFAM) (HFXGPSOC) (NSDIET) (NSFAMDR) (QUEENSMD) (SUTHERMD) (TRUROCHC)

Appoint a Wellness Commissioner who reports annually to the legislature on the state of health care in Nova Scotia. (INSTCAS)

The province should engage in a health planning process which will set specific and measurable goals and objectives and will also include strategies and time frames within which to aim for achievement. They should include environmental, economic and social strategies. (FEDCOM) (JENNER) (PHANS) (VOLUNT)

Develop a long range coordinated preventive health program between the Departments of Health, Environment, Education, Community Services, Municipal Affairs, Agriculture, and Lands and Forests. (JACK)

The Department of Health's Health Promotion Division should coordinate the health related policies and programs delivered by other departments (e.g. Education and Labour) (CMHANS)

Revise the system of community organization, joining public health and hospital resources, to provide a base on which health promotion and prevention can be system-wide priorities. (VHSA) (VOLUNT)

Municipal boards of health should take on a more active role in community health promotion. (SYDNEYBH)

Develop a dialogue between the health care system and religious bodies to optimize working together to reduce inequities, increase prevention, and enhance coping through self-care, mutual aid, and healthy environments by means of fostering public participation, strengthening community health services and coordinating healthy public policy. (ANGLICAN)

Hold health care symposia to inform public of benefits of prevention and promotion. (INSTCAS)

Include in the concept of preventive medicire and health promotion non-traditional medical practices, and therapies. (CORNING) (HOFMAN) (KOERBER)

Pay special attention to health promotion in rural areas. (FEDCOM) (WINS)

There is little evidence that preventive medicine saves money, and should therefore not be looked at as a cost saving program. (GOLDBLM)

Give further consideration to recommendations of the Legislative Select Committee on Health regarding prevention. (INSTCAS)

Individual Responsibility For Health

Individual responsibility for health and lifestyle choices must be encouraged. (AWOMEN) (CAPE) (HCCB) (NDMAC) (SETTLE) (STFX) (STJOHN)

Lifestyle choices must be recognized as factors in utilization of health care resources for which the individual is accountable. (ALLSAINT) (ANNAPOL) (DALMED) (NSAHO)

Measure costs of treatment and rehabilitation of lifestyle related illnesses and compare those costs to the costs of prevention measures and health promotion. (INSTCAS)

Education and health services be brought together to encourage individual responsibility for health and to lessen reliance on the health care system for self-limiting conditions. (KINGSSCH)

Inform patients of their illness and about treatment options, so they may take part in choosing the course of their treatment, may have the right to consult another physician, and can be treated as individuals. (WACNS)

Mental Health Promotion

A comprehensive five-year plan for the promotion of mental health should be developed and implemented by the Department of Health and Fitness in collaboration with professional, community and regional interests. (CMHANS)

Any campaign to improve health promotion should include mental health. (CBEMH)

Increased public education is needed for public awareness of mental disorders, the potential role of self-help groups, and to lessen the social stigma associated with mental illness. (FRIENDS) (PCMHA) (SELFHELP)

Reducing the prevalence rate for mental illness (chronic and serious depression or anxiety disorders) requires programs which are more efficient in reaching this population, more effective treatments, methods for shortening duration and preventing relapses, and methods for avoiding first occurrence, ie. prevention. (LEIGHTON)

Regional Mental Health Advisory Committees should be funded and staffed with a mandate to implement community mental health services, promotion and prevention system in their respective regions. (CMHANS) -committees in regional hospitals. (NDP)

The membership of the proposed Regional Advisory Mental Health COmmittees should reflect the principles of a community resource base. (CMHANS)

The proposed Regional Mental Health Advisory Committee should plan and implement treatment, rehabilitation and community support programs which both include and demonstrate the effectiveness of prevention and health promotion principles. (CMHANS)

Drug Dependency And Health Promotion

Develop a comprehensive educational awareness program to inform and educate Nova Scotians about the dangers of drug dependency. (NSACSW)

Provide funds to educate the public through media, community health centres, and patient-doctor exchanges on the side effects and potential long term dangers of many prescribed medications. (WHEN) (WILKINS)

Reproduction and Sexually Transmitted Diseases

Recognize sexual health as a legitimate health issue. (PLANNED)

Establish in each community homes for unwed teenagers, and clinics for adolescents where they could receive information and treatment about sexually transmitted diseases. (CUPE)

Educate future generations on the maternity cycle through the school system with a program focussing on the healthy, normal activity of birth and the preventive aspect of prenatal care. (PCANS)

Provide additional resources for family planning programs and clinics. (NDP) (NSACSW) (PLANNS)

Fund counselling programs on sex education and contraception in an effort to reduce unintended pregnancy, and increase the prevention of all sexually transmitted diseases, including AIDS. (CUPE) (MACAIDS) (NDP) (NSACSW) (PLANNED)

Give greater attention in the medical school curricula to the area of family planning, especially if doctors are to remain the primary and often sole prescribers of contraceptives. (NSACSW)

Increase funding to expand family planning programmes, sex education, and pre- and post-abortion counselling in this province, in an effort to reduce the number of unintended and unwanted pregnancies. (CARAL) (NSACSW) (WACREPRO)

Place greater emphasis on developing effective methods of birth control for men; and increase educational efforts to improve the sense of responsibility among men about birth control. (NSACSW)

Promote through media campaigns etc. healthy sexuality to counter the unhealthy messages currently pervasive in our society. (CARAL) (PLANNS)

Set up community-based health clinics which could provide comprehensive reproductive health care, including family planning and birth control counseling. (QNDP)

Special pregnancy distress units should be established in hospitals or health centres to provide counseling for pregnant women with the objective of encouraging women not to have abortions but to give their babies up for adoption. (EVANS)

Ensure that the technology and techniques (i.e. anaesthesia) used for abortion procedures are the most up to date and that unnecessary medical procedures are never used. (NSACSW)

Prenatal and Maternal Health Promotion

The existing genetic services should be formally recognized and further integrated in order to provide modern genetic services with improved accessibility to citizens of Nova Scotia. (ARCMR)

The provincial global funding for genetics activities should include the existing allocation to the ARCMR for genetic services, and should include funds for additional paramedical personnel to assess families with genetic disabilities, coordinate diagnoses, and follow up of such families. (ARCMR)

Improve the quality of post birth genetic counselling, and particularly correct the negative and stereotypical attitudes. (METROFAM)

The Genetics Division should assume responsibility for providing comprehensive educational programs in medical genetics, including learning aids, for health professionals and the general public. (ARCMR)

The necessity of early intervention and treatment of learning disabilities in order to avoid long-term social problems, which may have impact on the mental health delivery system. (ACLD)

Parents should be provided with up to date information on support services for disabled children, as soon as they are receptive. (METROFAM)

Prepared childbirth should be encouraged, with a less interventionist approach. (WILKINS)

Provide improved prenatal counselling, nutrition and breast feeding programs on a comprehensive basis, delivered by physicians, community health nurses, dieticians, municipalities, and volunteer services. (APSAC) (NSDIET) (NSNUTRIC) (SCOTT) (WACNS) (WILKINS)

Encourage the federal government to enact a policy of prenatal family allowance payments based on diagnosis of pregnancy and proof of supervision by a care giver of the mother's choice. (PCANS)

Extend the Halifax/Dartmouth municipal milk/juice ticket program to all pregnant women in Nova Scotia on social assistance. (BLOUIN) (HALIFAX) (NSDIET) (NSNUTRIC)

The provincial Department of Health should review its policy for the transport of infants needing special medical care to reduce the incidence of mother/infant separation. (PCANS) (WHEN)

Women, Children, and Low Income Families

Compile a universal directory of assistance programs, mutual aid and self-help groups available to children and their families needing medical care or support, and distribute the directory to all health care, social service and not-for-profit points of contact where families may acquire this information. (COLDWELL) (REDCROSS) (UAC)

Screen all children for hearing/speech impairment between the ages of birth and 36 months. (SHANS)

To reduce the severity and long term effects of communication disorders, early identification and intervention services must be available throughout the province. (SHANS)

Parents should be required to keep records on their childrens' diseases and immunizations. (GOLDBLM)

Support the contribution of women care givers in the home by providing accessible health care information in communities and by financially compensating their contribution to health care. (CRIAW)

Improve the social condition of women, as poverty is linked to poor health. The poverty environment can limit choices available regarding lifestyle, nutrition, contraception, abortion services, and day care. (AWOMEN)

Government should recognize the impact of poverty on nutrition and should implement programs to supplement the nutritional intake of school children and those on social assistance. (JACK) (NSNUTRIC) (WACNS)

The Department of Community Services and municipalities should establish nutrition education programs for social assistance recipients, with a special focus on pregnant and nursing women. (NSDIET) (NSNUTRIC)

The Departments of Health, Education and Community Service should undertake a program of health promotion for low income families. (NSFCWA)

Fund women's health education and self-help groups. (CRIAW)

Establish prevention and treatment programs for sexual abuse victims and offenders. (PLANNS)

Provide public awareness and educational programs on child sexual assaults and support services in the province. (BOYLE)

Provide additional funding to support community support groups, particularly women's centres, working with women and children who are victims of violence and sexual assault; increase funding for public education in the area of prevention of incest, child sexual abuse, and sexual assault against women; a focus on family violence issues in the training of medical professionals. (WACNS)

Health Promotion in the Educational System

Implement a comprehensive program of health education, with emphasis on promotion, in the schools. (AASHE) (CERE) (CHNANS) (CPCCB) (CPCNS) (JACK) (JENNER) (JOHNSTON) (MORE) (NSDIET) (NSFEDLAB) (SOCIAL) (WHEN)

Consider ways of bringing together the Departments of Education and Health, to plan the provision of health care to pupils, including the supplying and paying of professionals by the Department of Health. (JACK) (KINGSSCH)

Introduce mandatory sexuality education in all the schools from kindergarten to Grade 12. (PLANNS)

Introduce a compulsory program for all students to teach life skills, combining nutrition, financial planning, sexual education, reproduction, birth control, AIDS prevention, child development, relationship interaction, and environmental awareness. (SECOND) (WACREPRO) (WHEN)

Health education at the senior high school level should address the concerns of young people, help them develop a sense of self-worth, a repertoire of problem-solving skills, an identification with family and community, and be produced in youth oriented formats. (CMHAHFX)

Make the Daily Physical Activity Program in the schools mandatory beyond the elementary school level. (AASHE)

The development of comprehensive health education curricula must include physical, psychological, emotional, and spiritual components, as well as discussion of morality and values. (ANGLICAN)

Expand the Public Health Nurse program and the Family Planning Nurse program within the schools, and add physiotherapy and occupational therapy services. (KINGSSCH)

Health Promotion Programs for the General Public

Medical Services Insurance must consider funding programs in preventive medicine such as hypertensive clinics and obesity clinics. (MARTEL)

The Government of Nova Scotia should foster and support a cardiovascular disease prevention program as a major program activity. (PHANS)

Programs should be implemented to educate the public on the alternative of macrobiotic nutrition. (MACROBIO) (MACTRURO)

Promote and support organic farming. (MACROBIO) (MACTRURO)

The present nutrition and media promotion materials available through the Department of Health should be expanded and more widely marketed to potential users. (NSDIET)

Increase prevention and education programmes and awareness of back problems. (CHIRO) (LAPIERRE)

Remove "junk food" from school cafeterias and vending machines. (SOCIAL)

Provide the public with information on health issues and resources, through such means as store-front information centres and drop-in clinics. (MORE) (SOCIAL) (SYDNEYBH) (WINS)

Provide programs of health promotion for the elderly. (HALIFAX) (HFXTRADE)

Both out-patient and in-patient gerontological services, including preventive measures, should be studied. (SRSENIOR)

Healthy Public Policy, Environment, and Workplace Safety

Accountability and responsibility must be introduced for economic activities which generate health risks. (HCCB)

Develop active communication links between government and non-governmental agencies to formulate and implement healthy public policies, including emphasis on environment, unemployment, poverty, housing, and specific programs for disease prevention. (ANGLICAN) (CANCER) (HCCB) (JACK) (NDP) (PHANS) (STRITA) (VOLUNT)

The "Healthy Communities" program is suggested as a model of citizen and civic involvement in seeking to improve health status. (DART)

Preventive educational interventions by health professionals, schools, industry, community health programs and the Department of Health could include programs for poison control education, anti-drinking and driving campaigns, workplace health promotion and safety education activities, safe play environments in schools, safety in sports education, etc. (PHANS)

Provide public education programs to assist people with lifestyle changes, and encourage reduction of environmental hazards and stresses which detract from healthy lifestyles. (HEART) (INSTCAS) (WHEN) (WILKINS)

Regulatory policies implemented for health and safety, against all terrain vehicles, drinking and driving, safety equipment, etc. (PHANS)

The government should set goals, implement regulatory policies, and provide health promotion programs to reduce smoking. (CANCER) (HIGHLAND) (PHANS) (SUTHSTAF)

The government should work with municipal and regional authorities to redirect financial resources to permit the creation of an expanded employment market and eliminate detrimental environmental factors. (HIGHLAND)

The socio-economic causes of disease must be recognized and addressed. (CUPE) (HCCB) (STRITA) (UAC)

The medical community should provide more information to the government and the population in general about pollution's contribution to the development of diseases. (HUMANEC)

Environmental protection legislation should be enforced rigorously and ground water quality should be regularly monitored by the Department of Environment. (JACK)

The recommendations of the Task Force on Hazardous Wastes should be implemented by the Department of Environment. Interim measures for dealing with hazardous wastes should be developed. (JACK)

The Nova Scotia government should take all necessary action to support a sustainable, healthy environment and safe work places. (HFXTRADE) (JACK) (NDP) (QNDP) (SOCIAL) (WHEN)

Implement, with sufficient resources, a major initiative to address occupational health and safety. (MARCHANT) (STJOHN) (TRUROCHC) (VOLUNT)

Appoint on a contractual basis a Chief Occupational Medical Officer (as other Departments of Labour have) to provide support to the Department of Labour and the screening of workers and advice on workplace hazard prevention. (MARCHANT)

Change the Occupational Health and Safety Division of the Department of Labour to a Commission such as in Quebec or New Brunswick. (MARCHANT)

Give incentive grants or tax breaks to industries that implement environmental changes to control hazards in their workplace. (MARCHANT)

Health promotion and health education related to injury prevention should be an insured service. (PHANS)

Implement staffing patterns for shift workers which allow for adaptation to reduce physiological impact of shift changes. (SUTHSTAF)

Provide financial incentives for Health Promotion programmes for business and industry. (TRUROCHC)

Develop integrated occupational health and safety programs for small business. (TRUROCHC)

Require those employers and workers who are not presently covered by Workers' Compensation to join. (MARCHANT)

Strictly enforce the provisions of the Occupational Health and Safety Act and increase worker education to ensure that workers are aware of their rights and protection under the legislation. (WACNS)

Coordinate efforts of medical practitioners, employers, employees and the insurance carrier to permit a back injury rehabilitation program to be effective. (LAPIERRE)

Support employee immunization programs. (NSGEU)

Ambulance attendants must be informed when they are transporting a patient with an infectious disease in order that health precautions may be taken. (CHANDLER)

PROVINCIAL COORDINATION

Department of Health and Fitness

Jurisdiction and Coordination Issues

Establish a continuum of care by integrating all health services under the Department of Health and Fitness. (ALLSAINT) (BDREGNA) (BUCHANAN) (DART) (DIGBYGEN) (DIGBYMED) (EKM) (ESMH) (ESLOW) (GUYSHOSP) (HFXTRADE) (IWK) (JENNER) (JOINTEX) (MUSQUVAL) (NSAHO) (NSDIET) (NSH) (RICHMOND) (STRITA) (STMARTHA) (VHSA) (VICTORIA) (YARMOUTH)

Develop collaboration between the Departments of Health and Fitness and other government Departments (i.e. Education, Community Services and Environment) to foster broader approaches to health and well-being. (DIOCESAN) (HCCB) (JACK) (KINGSSCH) (SOCIAL)

Provide through the Health, Education, and Social Services Committee (HESS), provincial and regional coordination and development of family policies, programs and services. (ANGLICAN)

There is a need for coordination and standardization of services between the Departments of Health and Community Services. (GERANS) (GIRARD) (SUTHSTAF)

There must be greater cooperation between organizations who provide health care services. (AASHE) (JENNER) (MACAIDS)

Establish an interdepartmental mechanism for the coordination of social development policy with ongoing community consultation. Through the provincial government, coordinate a healthy public policy of cooperation at provincial and regional levels with all concerned public institutions, community groups and religious bodies to achieve an environment of wellness. (ANGLICAN)

Coordinate health care delivery through the establishment of a community based body with membership from existing health and community services personnel as well as community associations, churches and volunteer organizations etc (eg. Regional Health Council). Responsibilities of this body would include: coordination of health care delivery; long range planning of health facilities construction; coordination of dissemination of information; and reduction of duplication and administrative costs. (ANGLICAN)

The Department of Health and Fitness should be the administrative authority for recommended community mental health services, and promotion and prevention system. (CMHANS) (COMMUN)

The Departments of Health and Community Services should better coordinate programs and cooperate to provide adequate services to the mentally ill or the province should realign health and support services under one department. (CBBMH) (SCHIZO)

Funding of general and mental health programmes be integrated at both the Departmental and hospital levels. (ALLSAINT) (NSAHO) (VHSA)

Funding of general and mental health programmes should NOT be integrated at both the Departmental and hospital levels. (CBH)

The Department of Health and Fitness should remain the central management authority to coordinate all aspects of the regional community mental health services development and implementation process. (CMHANS)

The relationship between health and corrections, particularly with respect to young offenders who may be in need of mental health services, should be reviewed --with special reference to Nova Scotia Youth Centre at Waterville and Valley Health Services Association working relationship. (VALMEN)

There must be coordination among health and social organizations, as well as between institutional, community and voluntary sectors. (GERIAT) (MAIN) (VOLUNT)

There should be a coordinated approach to disabled children, between the fields of health, education and community services. (COUNCIL) (VCDA)

The costs expended by school boards to provide health services and education to all students, including disabled ones who need special assistance, should be investigated and funded by appropriate government departments. (HFXSCHBD)

The Commission is asked to examine the question as to appropriate governmental administrative responsibility for homes for special care (i.e. Department of Community Services or Department of Health). (DUNCAN)

There must be a closer link between Departments of Health and Community Services to avoid duplication and facilitate coordination in nursing homes. (ALZSTR)

All nursing level care presently funded by Community Services should become an insured service under the Department of Health. (AHSC) (AMHERST) (HOMES)

Both the Church and the Departments of Health and Community Services should ensure their administration and delivery of services operates in a manner which is humane, sensitive, efficient, open and publicly accountable to the constituencies they serve. (ANGLICAN)

Cost Containment and Evaluation

Government introduce a programme to educate consumers and health care professionals about the costs of providing insured health services and the necessity of using health care resources responsibly. (ALLSAINT) (COBEQUID) (DALFAM) (DIGBYGEN) (DIGBYMED) (EKM) (HFXTRADE) (HIGHLAND) (ICMH) (INSTCAS) (JENNER) (MACDONAL) (MACNEIL) (MEDICAL) (MEISTER) (NORTHHAR) (NSAHO) (NSFAMDR) (QUEENSMD) (SMITH) (SOUTHMED) (STMARTHA) (SUTHERMD) (VICTORIA) (YARMOUTH)

Introduce some sort of fee system, or another method such as smart card technology, to curtail abuse of the health care system. (DIGBYGEN) (DIGBYMED) (NEELY) (SMITH) (SOCIAL) (SOUTHMED)

Professional abuse of the health insurance system should be publicized in order to deter such abuses. (JENNER)

Incentives and flexibility must be introduced into the health care system to make it more efficient. (ALLSAINT) (ANNAPOL) (CBH) (FMH) (INSTCAS) (IWK) (NORTHHAR) (NSAHO) (NSASSOCC) (OCCTHER) (VHSA) (VICTORIA) (YARMOUTH)

Design incentives for institutions that implement a coordinated multi-disciplinary team approach to patient care; emphasize habilitation and rehabilitation programs as soon after admission as is feasible; and facilitate the development of specific occupational therapy programs designated to identify high priority populations. This action will utilize occupational therapy manpower in the most cost-efficient way. (NSASSOCC) (OCCTHER)

Review expenditures to see that Nova Scotians are getting best value for health care dollar. (HFXTRADE)

Study ways of adding control in the areas of financial control, utilization of the health care system, resource allocation and distribution, preventive measures and governance. (INSTCAS)

Criteria should be established to validate the need and cost-efficiency of visits to doctors promoted by the media, employers and other health organizations. (NSFAMDR)

Sick slips are seen as a poor method of controlling absenteeism; it is suggested that claims related to the provision of sick slips be denied. (MARCHANT)

Consider introducing incentives for those who make efficient use of the health care system, or further education for those who do not. (INTERNS) (SOUTHMED)

Rationing of health care services should be publicized. (NSFAMDR)

The demand on inpatient acute care facilities must be reduced through the development of more ambulatory care facilities, a comprehensive home care program, out patient surgery, increased support for the regional hospital network, and chronic care facilities. (DALMED) (HFXTRADE) (MEDICAL) (MORE) (PHARMACY) (STMARTHA)

Support innovative programs which combine out of hospital care with support programs. (GOLDBLM)

Pre-admission programs for tertiary care hospitals should be implemented, which carry out all possible investigations and consultations on an ambulatory basis prior to inpatient admission. (GOLDBLM)

The Department of Health in conjunction with the Department of Community Services offer innovations in long term care such as day hospitals, chronic/extended care units, geriatric assessment units, home care, and psycho-geriatric services. (HALIFAX)

Establish an ongoing public monitoring and reporting process as a follow-up to the recommendations by the Health Care Commission. (NDP)

The adoption of an evaluation method being used in Europe - annual auditing of all levels of the health care system with emphasis on "value for money" audit, aimed at identifying inefficiencies, leading to more effective use of resources. (WHITNEY)

Recommendations of the Legislative Select Committee on Health should have been implemented. (ACLD) (LEBLANC)) (QNDP)

The cost of many technical aids and patient care items, e.g., hearing aids, is exorbitant, and such products could be manufactured for a much lower price. (LOVELACE)

Develop the production capability of health care technology industries based in Nova Scotia. (MORLEY)

Ambulance Subsidy Program

The government of Nova Scotia should properly fund the providers of ambulance service to enable them to provide and maintain a high quality of ambulance service. (AOANS) (CHANDLER) (PREHOSP) (ROOP) (WILKINS)

A standard form recording ambulance trip data - patient information such as time, place, age, sex, cause of emergency, treatment, etc. - needs to be implemented. (PREHOSP)

Legislated standards for necessary ambulance equipment and staffing are needed. (CALDWELL) (CUPE3264) (PREHOSP) (ROGERS)

Equipment purchased for ambulances above the minimum standards should not be subject to hospital tax. (AOANS)

Commission on Drug Dependency

Consider the present Cape Breton Hospital as an appropriate relocation site for the Cape Breton Addiction Centre, following the move of Cape Breton Hospital's services to the new regional facility. (CBH)

Contribute a substantial percentage of the profits of the Nova Scotia Liquor Commission to the budget of the Commission on Drug Dependency; institute women-only treatment groups in all Drug Dependency programs. (WACNS)

Drug dependency services should be available on a local basis including in rural areas. (SRSENIOR) (WINS)

Establishment of a hospital-based detoxification unit to be administered by the Commission on Drug Dependency. (BUCHANAN)

Give priority to the establishment of a "Adolescent Residential Treatment Facility" for adolescents who require treatment, rather than continuing to send adolescents to adult treatment programs. (HFXCOSCH) (SHLCDD)

Health Services Insurance Commission

General

An optometrist should be added to the board of Health Services and Insurance Commission. (OPTOM)

Examine the Medical Services Insurance fee schedule in order to pinpoint areas where funds could be allocated differently to achieve greater cost effectiveness. (UAC)

Insured Services

Health care and related costs should not be paid out of municipal social services budgets. They should be covered under health. (MADDISON)

The Nova Scotia government, with assistance from the federal government should establish a mechanism whereby Nova Scotia can recover costs of treating out-of-province patients receiving abortion services that are not insured in their home provinces. (CARAL)

Landed immigrants and part-time residents of Nova Scotia should not receive full Medical Services Insurance benefits. (MANTHORN)

Charge premiums to all families in the province to supplement Medical Services Insurance coverage. (PITTMAN)

The fee-for-service structure should be altered in order to minimize over-medicalization. (HCCB)

Appropriate technology to facilitate and support self-care is a legitimate health care expenditure and should form part of a universal health care system at some specified time. (FEDCOM)

Review the dual system of reimbursement for orthotics and prosthetics along with the need for Medical Services Insurance funding of other aids and appliances. (NSREHAB)

All mental health services, public or private, should be covered by Medical Services Insurance--especially psychological services. (CMHAHFX) (ELLIOT) (JACK) (KRANE) (PSYCHANS) (RICHARDS) (TRUROCHC) (WARNER)

Include under Medical Services Insurance coverage alternative health care practices that are under medical plans of other provinces, and under federal health care plans as well as the workers compensation board. (WHEN)

Abortion should not be an insured service. (ANTIGPRO) (CUNNING) (LOVELACE) (NSULIFE) (PROLIFE)

Many therapies and services were advocated before the Royal Commission for acceptance by the medical community and/or for inclusion under Medical Services Insurance coverage. These included:

abortion (CAMPBELL) (CARAL) (QNDP) (WACREPRO);
acupuncture (KOERBER) (LAVALLEY) (PARSONS);
alternative therapies (CORNING) (HOFMAN) (KOERBER) (LAVALLEY) (LEMASSON) (MURRAY) (PARSONS) (RAJHATHY) (WACNS);
back care programmes (LAPIERRE);
chiropractic (ANDERSON) (SECOND) (SOCIAL) (WACNS);
clinical ecology (SECOND) (WACNS) (WHEN);
contraception (PLANNED);
dental care (BRETT) (KIERST);
dental care for dependants to age 18 (CUPE);
dental care for retired pensioned seniors (EVERG) (QUEENSM);
dental care for families in need (FEDCOM);
expansion of services by optometrists (OPTOM);
health promotion activities (DALFAM) (HFXGPSOC) (MAIN) (NSDIET) (NSFAMDR) (QUEENSMD) (SUTHERMD) (TRUROCHC);
massage therapy (SECOND);
naturopathy (ARNETT) (ATWOOD) (WACNS);
nutritional counselling (DALFAM) (NSDIET) (WACNS);
oxygen therapy (NELSON);
prenatal nutrition, fitness and education classes (PCANS);
prescribed rehabilitative services (HEART);
prescribed drugs (AHSC) (AMHERST) (BRETT) (CANCER) (CHAD) (COMMUN) (CUPE) (DES) (FEDCOM) (HEART) (HENNIGAR) (HOMES) (HOPE) (HORIZONS) (KIERST) (LUNG) (MEYEROW) (NDP) (PARKIN) (PLANNED) (PROGRESS) (QUEENSM) (UAC) (WILKINS);
psychological services (CMHAHFX) (ELLIOT) (JACK) (KRANE) (PSYCHANS) (RICHARDS) (SECOND) (TRUROCHC) (WARNER) (WHEN);
specific nursing services (WACNS);
stress counselling (DALFAM) (JOHNSTON);
technical aids (BRETT) (CANPARA) (CHAD) (COMMUN) (CUPE) (DES) (FEDCOM) (HENNIGAR) (HOPE) (KEIRST) (LUNG) (PROGRESS) (QUEENSM) (ROBINSON) (UAC);
transport to and from the Cancer Research Centre (CANCER) (PENNEY).

Consolidate Medicare and expand its advantages by making a wider range of services universally accessible. (NSFEDLAB)

Provide provincial funding to cover the ambulance surcharges for a child transferred to a hospital or clinic when disability prevents the child from using regular means of transportation. (REDCROSS)

Raise the means test for assistance with chemotherapeutic drugs to $15,000. (CANCER)

The cost of drugs, dental, eye care, any special medical equipment and other health care requirements for persons in Homes for Special Care that are not paid for through Medical Services Insurance should be covered by being included in the per diem rates of the Homes. (QUEENSM)

Pharmacare

(a) Cost and choice of drugs

Health Promotion Branch of Health and Welfare Canada should rule on the interchangeability of drug products. (PMAC)

Continue system of Actual Acquisition Cost, resulting in lower drug prices by both generic and patenting firms. (PMAC)

Eliminate current Actual Acquisition Cost or defined cost system for multi-source products. (CDMA)

Cost containment efforts can adversely affect the adoption of new drug innovations. To prevent this situation, cost containment policies should not affect the incentive to adopt new products and processes. (PMAC)

Cost containment measures for pharmaceutical programmes should be mandatory. (GREENSLD)

Review the costs of the Pharmacare programme to determine why there is a deviation from other provinces. (CFIB)

Encourage utilization of generic drugs. (CDMA)

Eliminate financial incentive to pharmacists to dispense generic products. (PMAC)

Product selection (lesser priced generic equivalent) should be continued as a cost containment measure for pharmacare programmes. (CDMA) (GREENSLD) (MEYEROW) (PHARMACY)

Advertising of medications should be restricted. (WILKINS)

Self-medication should be considered as part of an individual, responsible approach to health and as a way of cutting down health care costs. (NDMAC)

Co-pay schemes should be based on a percentage of the retail price of the prescription, and not on the dispensing fee . (PHARMACY)

Consider introduction of co-payment or annual deductible scheme. (PMAC)

A review should be carried out the ability of senior citizens to pay/co-pay for needed drugs, and Pharmacare programme adjusted accordingly. (MEYEROW)

Drug dispensing fees should be abolished. (NEELY)

There should be some policy on price variation in over-the-counter and prescription drugs. (MEYEROW)

Prescriptions should be written for over-the-counter drugs ordered by physicians and their cost covered by Pharmacare. (MEYEROW)

Include an approximate price per tablet or per dispensing unit on the drug product formulary to give physicians an indication of the cost of the products they prescribe. (FREDRICK)

The Drug Patent Act should be stricken completely. (CUPE)

Pursue an Atlantic regional purchasing policy for pharmaceuticals and equipment. (MORLEY)

(b) Utilization and dispensing of drugs

The issue of over-prescribing of drugs and overuse of non-prescription medicines needs to be addressed. (AMHERST) (CPCNS) (GERANS) (GERIAT) (JENNER) (PHARMACY) (SMITH)

Implement a programme that identifies physicians who are prescribing an inordinate amount of drugs and patients who are 'doctor shopping' for prescriptions. (ALLSAINT) (ESMH) (MACNEIL) (NSAHO)

Develop a system to introduce accountability in to the prescribing of drugs. (NSACSW)

Doctors should be re-trained regarding the over-prescription of medication, especially to the elderly. They should also periodically re-evaluate patients' drug use. (FEDCOM)

There should be a reduction in prescribing of drugs for persons suffering from inability to cope with anxiety, panic, stress. (SEARCH)

Community hospital pharmacies should be the dispensing centre for all senior citizens. (NEELY)

An education programme on patient compliance with prescription directions should be introduced. (PMAC)

Adopt use of patient/family record system in pharmacies. (PMAC)

Computerization should be encouraged as a significant cost saving mechanism in pharmaceutical programmes (for billings, drug utilization review and administrative functions). (PHARMACY)

Original package dispensing is recommended. (PMAC)

HOSPITALS

Governance

The composition of the governing boards of regional hospitals should encompass representation from the community hospitals involved and be reflective of the interests of the entire community served by the regional facility. (ALLSAINT) (ANNAPOL) (DIGBYGEN) (DIGBYMED) (EKM) (FMH) (ICMH) (LIVERP) (NSAHO) (QGH) (QUEENSMD) (ROSEWAY) (SOLDIERS) (VHSA)

If the policy of remunerating board members is continued for provincial appointees, all hospitals should be funded equally to make the practice universal. Any such payments to board members should come from the hospital. (ALLSAINT) (NSAHO)

The contribution of volunteers serving on hospital boards must be recognized. Board members should be informed of the commitment service on a board requires. (ALLSAINT) (EMH) (NSAHO)

Establish qualification standards for hospital board members in order that the membership will have the broad level of expertise and competency necessary for decision making on matters of policy, practice, and administration of health institutions. (BEACH) (HIGGS)

Adopt a provincial policy that meetings of hospital boards be open to the general public and the media. (UNDERWOO)

Require that hospital board membership be at least 50% community/consumer representatives in order to receive funding. (WACNS)

No health facility of any type should be privately owned. (CUPE)

Establish formal linkages between health agencies in communities, and between community and regional hospitals. (COLCHEST) (VOLUNT)

Regional hospitals establish a formal liaison with the tertiary care centres in Halifax to address the problem of centralization. (ABERDEEN) (COLCHEST) (EMH) (VHSA)

Enhance the authority and autonomy of hospital boards for more effective functioning of hospitals. (NSAHO) (ALLSAINT) (ANNAPOL) (COBEQUID) (COLCHEST) (EKM) (EMH) (ESMH) (FMH) (ICMH) (IWK) (SOLDIERS) (QGH) (VGSTAFF) (VHSA) (JENNER)

The provincial government should not directly own or operate hospitals. (ALLSAINT) (EMH) (NSAHO) (ROSEWAY) (VGSTAFF)

Mission

Broaden the traditional role of hospitals into a community based health role, with the regional hospitals assuming greater responsibility for the integration of community health, social services and institutional health programmes. (ABERDEEN) (ALLSAINT) (BUCHANAN) (CBRHMC) (COLCHEST) (DIGBYGEN) (DIGBYMED) (HIGHLAND) (NSAHO) (QGH) (STRITA) (STMARTHA) (VHSA) (YARMOUTH)

Community hospitals develop programmes in extramural hospital, home care, day care, health promotion and health prevention strategies which are appropriate to their communities. (ABERDEEN) (ALLSAINT) (ANNAPOL) (BUCHANAN) (COLCHEST) (DARTGENH) (DIGBYGEN) (DIGBYMED) (EKM) (EMH) (ESLOW) (ESMH) (FMH) (GERANS) (GUYSHOSP) (HIGHLAND) (ICMH) (IWK) (MARTEL) (MACNEIL) (MEDICAL) (MUSQUVAL) (NSAHO) (NSDIET) (NSH) (QGH) (ROSEWAY) (SOLDIERS) (ST-MARTHA) (STRITA) (SUTHERMD) (VHSA) (VICTORIA) (VOLUNT) (YARMOUTH)

Community hospitals must be developed in conjunction with regional and tertiary care facilities. (ALLSAINT) (ANNAPOL) (COBEQUID) (COLCHEST) (EKM) (EMH) (ESMH) (FMH) (HIGHLAND) (ICMH) (IWK) (NSAHO) (NSH) (QGH) (ROSEWAY) (SOLDIERS) (VHSA)

Clearly establish levels of care - ie. primary, secondary, tertiary - with criteria set to differentiate each level from the other and communicate standards that can be measured and sanctions applied if not met. (VOLUNT)

More acute care services should be delivered in the community, using the Cobequid Multi-Service Centre as a possible service model. (ALLSAINT) (COBEQUID) (MAIN) (NSAHO)

Expand community health services, such as outpatient therapeutic services, and make them available to families of developmentally delayed children. (PROGRESS)

Community and home care should be separate from the hospital system. (WHITNEY)

Community hospitals should be supplied with equipment, so that patients need not travel to Halifax. (NEELY)

Investigate the feasibility of providing maternity care in smaller hospitals. (WINS)

Community hospitals should be encouraged to offer labour and delivery services to women who prefer to deliver their babies at home or at birthing centres. (RUBEN)

Develop better community services, to complement the work of the Nova Scotia Rehabilitation Centre, as a mechanism to coordinate hospital and community services. (NSREHAB)

The problem of Level III care must be addressed, and may be partly remedied by the re-allocation of existing acute care beds in units large enough to economically serve the needs of the chronically ill. (ALLSAINT) (AMHERST) (BUCHANAN) (COBEQUID) (CPCCB) (DART) (DIGBYGEN) (DIGBYMED) (EKM) (ESMH) (FMH) (GERANS) (GIRARD) (GUYSHOSP) (HCCB) (HIGHLAND) (ICMH) (MUSQUVAL) (NORTHHAR) (NSAHO) (ROSEWAY) (SOLDIERS) (SOUTHMED) (STRITA) (WHITNEY)

Family participation in the care of hospitalized patients should be encouraged, such as the Care-by-Parent concept in use at the Izaak Walton Killam Hospital for Children, cooperative care of adult patients and maternity care. (ACCH) (GOLDBLM) (HCCB) (IWK) (PCANS)

"Heroic" life-sustaining measures in hospital care need to be addressed as an ethical problem. (GERIAT) (JENNER)

More programmes measuring the care provided by hospital clinical areas should be implemented, with hospital boards informed of the results of such studies. (ALLSAINT) (NSAHO) (VHSA)

The government should accept the training standards, qualifications and pastoral care policies established by the Canadian Association of Pastoral Educators. (ANGLICAN)

Expand hospital facilities such as operating rooms to avoid delays in planned surgery. (DUGUID)

Establish hospital-based detoxification programmes. (BUCHANAN) (FMH) (NORTHHAR) (VHSA)

Administration

The government should have a body to oversee the day to day operation of hospitals, rather than the present accreditation process. (MARTEL)

As a criterion for hiring senior health care managers, employers should express preference for Canadian College of Health Service Executives (CCHSE) certification, or a commitment by a prospective employee to become a CCHSE certified member within two years. (CCHSE)

Government and employers should promote membership in the Canadian College of Health Service Executives for health care managers. (CCHSE)

Increase medical participation in management teams of hospitals. (IWK)

The Department of Health review all health care institutions, management structure and management personnel levels to determine the necessity for existing numbers of management positions and refuse to fund additional management positions in health care institutions without indications of measurable positive changes that result in an increased quantity and/or quality of services to patients. (NSNU)

Formal management training, in concert with human resources development, will result in more efficient allocation and effective utilization of resources while maintaining the quality of patient care. (WILDSMIT)

Management consultants might be of assistance in finding ways to operate hospitals in a more cost-efficient fashion. (ANNAPOL) (CFIB)

Propose contract management for hospitals with persistent deficits or other operational problems. (EXTEND)

Contract out, for a minimum five year period, management of one teaching hospital and one general hospital to see if savings result. (CFIB)

Quality Assurance/Risk Management/ Utilization Management should be funded and integrated on a provincial basis for hospitals, nursing homes and home care programmes. (CBH) (ROZOVSKY)

Place greater emphasis on the creation of relevant, timely and accurate health information systems for both clinical and administrative information requirements. (NSAHO) (ALLSAINT) (ANNAPOL) (EKM) (FMH) (IWK) (VHSA) (VICTORIA) (INSTCAS)

A common patient identification number should be established throughout the province. (FMH)

Confidentiality procedures and protocols for the mandatory reporting of AIDS cases and antibody testing need to be improved to ensure greater privacy and sensitivity. (MACAIDS)

All hospitals should allocate specific resources for libraries in their budgets with standardized services provided to smaller hospitals on a shared basis. (MHLA)

A phased approach to computerization of hospitals and medical labs be undertaken, with computers and communication equipment compatible within and between institutions in order to eliminate duplication of laboratory tests and other patient information on admission. (HFXGPSOC) (IWK) (MEDTECH)

Coordinate the packaging and mailing of laboratory specimens for intraprovincial and international shipping through one central clearing house. (MEDTECH)

Standardize hospital testing procedures and physician lab test request forms to avoid duplication of tests upon transferring of patients between hospitals. (MEDTECH) (SUTHERMD)

Establish regulations to determine and enforce standards of performance for lab tests and analyses done outside medical laboratories (as recommended by the Canadian Society of Laboratory Technologists.) (MEDTECH)

Establish in each hospital a standing Laboratory Utilization Committee. (MEDTECH)

Establish well defined criteria for test effectiveness and medical usefulness. (CLINLAB)

Provide information to the public and to doctors as to the actual cost of lab and diagnostic procedures and other services provided by hospitals. (FREDRICK) (SOCIAL)

Replace the multiple budget preparations and revision processes required by the Department of Health and Fitness by an annual operating budget submitted to meet a pre-established bottom line. (IWK)

Make the methodology and criteria for hospital funding more flexible to allow for the uniqueness of some hospitals versus others. (DARTGENH) (EMH)

Capital funding for hospitals should be a provincial, not a municipal, responsibility. (LIVERP)

The Auditor General should expand his activities to include the audit of hospitals as a means of insuring value for money spent by the public. (ANNAPOL)

Establish an appropriate mechanism of comprehensive auditing for hospitals to improve accountability, economy, efficiency and effectiveness. (FMH) (IWK)

Government fund the actual costs of hospitals adhering to external regulation and standards. (ALLSAINT) (CBH) (FMH) (HIGHLAND) (IWK) (NSAHO) (STMARTHA) (VHSA) (VICTORIA) (YARMOUTH)

Cost savings can be expanded through volume buying by all hospitals. (INSTCAS)

Place greater emphasis on shared services, staff, equipment and administrative practices as a method of containing costs and improving the provision of care. (EMH) (ESMH) (GUYSHOSP) (HOMES) (IWK) (MACK) (MHLA) (QUEENS) (QUEENSM) (STRAIT) (VICTORIA)

Ambulatory care programs should be combined with hostel accommodation and should be substituted where possible for in-hospital stays. (GOLDBLM)

Monitor the length of stay of patients to ensure that they are not being subjected to further health hazards. (CFIB)

There should be uniform policies for salary negotiations, the funding of capital equipment and capital construction projects. (ABERDEEN) (ALLSAINT) (COLCHEST) (FMH) (NSAHO) (NSH) (VHSA) (VICTORIA)

Chronic care institutions should be independently administered but maintain an affiliation and a functional relationship with acute care hospitals. (GIRARD)

Ultrasound should be readily available in all community hospitals. (FMH) (QGH)

Community hospitals be equipped to deal with emergencies such as heart failure and vascular surgery. (NEELY)

Specific Hospital and/or Program Recommendations

The Department of Psychiatry in the new Cape Breton Regional Hospital should control and direct Cape Breton Hospital's general hospital services effective with the opening of the new facility in 1992. (CBH)

Expand the present tertiary care psychiatric facilities available in the province by developing an additional child and adolescent unit and additional psychogeriatric units. (PSYCHIAT)

A Diagnostic Centre become part of the new Cape Breton Regional Hospital. (LOVELACE)

All in-hospital gynecological and obstetrical services available in industrial Cape Breton should be housed in a single facility, and that facility should provide abortion services. (CARAL)

The need for regional services and a regional hospital in Sydney is supported, in order to provide accessible cancer treatment to the inhabitants of Cape Breton. (ALZSTR)

Funding for Cape Breton's Hospital's Tel-Med program and general public education services should remain within the budget of psychiatric facilities. (CBH)

Improve the hospital emergency services on Cape Breton, by establishing a residency program in the new regional hospital with satellite clinics in the outlying regions. (JOINTEX)

The unused beds and facilities at Strait Richmond Hospital should be used to provide other needed services, for example, detox beds. (MARTEL)

Valley Health Services Association pilot the integration of regional hospital services with the prevention, promotion, education and nursing components of the Public Health Unit. (VHSA)

Reconsider construction of the new Camp Hill-Infirmary hospital complex in Halifax. (BETHUNE)

Liverpool is a better location for a regional hospital than Bridgewater. (NEELY)

Hospitals with pediatric units be required to follow the federal guidelines published in 1982 with respect to the sections entitled "Parent participation and living in", and "Admission, bed assignment and discharge". (ACCH)

All pediatric units in Nova Scotia should have Child Life departments. (ACCH)

Implement the ten "no cost" programs and policies in every hospital with a pediatric units. (ACCH)

All hospitals with pediatric units should ensure that schooling is available for all school aged patients. (ACCH)

Initiate pilot programmes at the Izaak Walton Killam Hospital for Children to expand both the number and role of nurses who have both the clinical and academic preparation to assume some of the responsibilities traditionally assumed by physicians. (IWK)

Establish a pilot programme at the Izaak Walton Killam Hospital for Children to expand the Care by Parent Unit to possibly serve as a model for adult hospitals. (IWK)

Expand the mandate of the Izaak Walton Killam Hospital for Children as a Child Health Care Centre of Excellence. (IWK)

Decrease the waiting period for ophthalmology at the Izaak Walton Killam Hospital for Children. (METROFAM)

Abolish the Victoria General Hospital ambulance service and put into place an "Advanced Response" team to work with the Halifax-Dartmouth area ambulance companies. (AOANS)

Where feasible, base ambulance services in hospitals. (CANNING)

Annapolis General Hospital should be considered as a site for a pilot project investigating cost control in health care institutions. (ANNAPOL)

Coordinated regional planning of all facilities and programs in the South Shore region should be undertaken in order to assess their potential to be utilized as support facilities and support programs and services to the new South Shore Regional Hospital. (HOMES)

Expand the existing community hospital or establish a new health centre facility in Neil's Harbour. (BUCHANAN)

Provide funding to complete the shelled-in expansion of the Colchester Regional Hospital. (FOLINSBE)

Acute care beds should be strongly considered for the fifth floor of the Dartmouth General Hospital as there is much concern and doubt about the ability of the current expansion of 27 beds to meet the inpatient bed demands of the growing community the hospital is serving. (DARTGENH)

The practice of certifying patients mentally ill needs to be re-evaluated and audited in light of current levels and difficulties with such admissions. (KELLY) (NSH) (RICHMAN) (SCHIZO)

The tertiary care of AIDS patients should be centralized in one institution as part of a province-wide plan for dealing with AIDS cases. (DALMED)

Enact legislation to require Blue Cross of Atlantic Canada to pay Preferred Accommodation rates to the Nova Scotia Rehabilitation Centre, when indicated. (NSREHAB)

Any proposed expansion of the Nova Scotia Rehabilitation Centre, including staff and equipment, should include the implementation of a structured, integrated treatment approach specifically for the head injured. (HEADINJ)

HOMES FOR SPECIAL CARE

General

The Government of Nova Scotia act on prior task force reports on matters pertaining to homes for special care and health services. (Task Force on Homes for Special Care, 1984, Nova Scotia Legislature Select Committee on Health 1984). (AHSC)

Appoint a "People's Advocate" to represent the rights of the elderly and assist them in obtaining appropriate coordinated care and other benefits to which they are entitled. (CUPE) (SRSENIOR)

Register every resident of Nova Scotia resident in nursing homes, or 80 years of age and older, with the Office of the Public Trustee to ensure that monies are being spent to provide adequate care for the person. (GIRARD)

Jurisdiction/Funding/Ownership

Enact provincial legislation that ensures services provided by professional nurses and other licensed health care practitioners are insured services, and that health care provided in homes for special care are covered by insured health services. (NSNU) (STFX)

The health care portion of the costs of a home for special care should be paid for by the province. (LIVERP)

Homes for special care would be better placed under the responsibility of the Department of Health. (FRYER) (JOINTEX) (LIVERP) (PICTOU)

All facilities involved in the delivery of health care services in Nova Scotia should be under the jurisdiction of one provincial department. (QUEENS) (QUEENSM)

Health care should be provided to all persons, particularly the aged and infirm, as an insured service of the Department of Health, including the care provided in nursing homes. (MUSQUVAL) (PORTHAWK) (QUEENSM)

The funding of nursing home care should be the responsibility of the provincial government rather than the municipalities. (DART) (FRYER) (GIRARD) (JOINTEX) (PICTOU)

More stringent residency requirements should be implemented for those whose nursing home costs become a responsibility of the municipality. (LIVERP)

There should be a standard policy for requiring the families of persons in nursing homes to contribute to the costs of maintenance, and this policy should reflect the size of the family and the incomes of the members. (PENNEY)

The individual who is capable of paying should be responsible for some portion of his or her care in homes for special care. (LIVERP)

The present system of funding residents in homes for special care should be reviewed, alternative methods investigated, and a funding method established that would permit residents to retain a larger portion of their financial resources, perhaps through co-payment, as in Ontario. (CPCCB) (FRYER) (HALIFAX) (HOMES) (QUEENS) (QUEENSM)

The Department of Health develop a co-payment system for those patients assessed as requiring chronic/extended care and/or waiting for admission to nursing home. (HALIFAX)

Flexibility in government rules and regulations is urged so that private homes could receive government support for low income guests. (ANNAN)

Ensure that there is competition among nursing homes and nursing home care services in order to take advantage of the benefits of a market economy. This competition should accommodate special needs, and keep prices down. (GIRARD)

The Province immediately withdraw the provisions of Sections 9 through 14 of the Hospitals Act with regard to overstay charges. (RICHMOND)

A more compassionate approach to overstay charges and policy should be instituted as soon as possible. (DUGUID) (LIVERP) (SRSENIOR)

Standards

Greater control or inspection should be exercised over private homes which care for disabled or elderly persons. This should be carried out by an independent body, separate from the Department of Community Services. (HOPE)

An annual review of each home for special care, with participation from the Department of Community Services, the facility's administration and board, and representatives from the unions is recommended to discuss the operation of the facility. (CUPE)

Standardized definition/criteria for all levels of care in health-care facilities should be developed. (AHSC) (HOMES) (QUEENS) (QUEENSM)

Clear guidelines for standards of care should be developed, including measurable criteria for licensing, and accreditation be encouraged as one means of monitoring standards. (AHSC)

The care delivered in homes for special care should be given by Certified Nursing Assistants and Registered Nurses. (BDREGNA)

Assessment Issues

Placement referrals to homes for special care should be done by a team which includes health care professionals, and not only a social worker who cannot properly assess a person's health needs. (HOMES)

Assessments for placement in a home for special care should be carried out without direct relationship to vacant beds, so that placements can be made immediately when space is available. (DUNCAN)

Standardized, comprehensive assessments of the elderly person's physical, mental and social state should be performed and should serve as the basis for appropriate decisions on that person's needs and how those needs would best be met. (GERIAT)

The tools and assessment policies utilized in the admission process should be reviewed to reflect the total care needs of the applicant. (AHSC) (HOMES)

Implement geriatric assessment teams to service Nova Scotia by providing multidimensional assessments and on site training to health care workers. (GERANS) (HALIFAX)

Social workers, using the acuity levels of nursing, should be responsible for the classification of patients and assure readmission of patients inappropriately discharged. (GIRARD)

Patients who are admitted to intermediate care institutions should come as a result of a referral from an acute care hospital or as a result of a re-classification of a nursing home patient. (GIRARD)

The present assessment procedures should be reviewed and placed under the jurisdiction of one provincial government department and realistic assessment codes should be established to more truly reflect the amount of care and time an individual requires. (QUEENS) (QUEENSM)

The Issues of Levels of Care

The current levels of care in nursing homes and hospitals should be reviewed and Level III care be recognized. (AHSC) (HOMES)

Update Levels I and II care to provide more services that optimize physical and mental well being, by providing funding for staff training, higher staff/patient ratios, and a greater number of professional staff. (CUPE) (GERANS)

Reallocation Within the Health System, Utilization Issues

Consideration should be given to the use of empty nursing home beds in the Halifax metro area and beds in rural hospitals to accommodate chronic care residents. (AHSC)

Convert nursing school residences in Yarmouth, Sydney, New Glasgow, and Halifax, into chronic care institutions. (GIRARD)

Take immediate steps to examine the utilization of all beds in the total health care system to avoid duplication and address deficiencies in location and type of service. (AHSC)

Improve the use of existing hospital or other health care facilities by reducing inappropriate use of services. (SOCIAL)

Services Within Nursing Homes

Examine the rehabilitation model of care for adoption as the model for Homes for Special Care. (AHSC)

Nursing homes should develop a comprehensive chronic care and palliative care program including Social Work, Occupational Therapy, Physiotherapy, Pharmacy, Pastoral Care, Volunteer Services and Dietary. (GIRARD)

Consider a program to provide increased medical/nursing services to nursing home patients to deal with acute intercurrent illnesses. (GERIAT)

The Need For Chronic Care Facilities

An accessible home for special care operating in French should be built in the Pubnico area. (HORIZONS)

An appropriate number of extended care beds should be established in Nova Scotia. (ALZSOC) (ALZSTR) (CUPE) (DART) (DUGUID) (GIRARD) (GRAND) (GRAND) (HALIFAX) (NEELY) (NSDIET) (NSNU) (PORTHAWK) (RICHMOND) (WHYDEVCO)

Community hospitals should have a facilities to house senior citizens waiting to get into nursing homes. (NEELY)

The province of Nova Scotia should provide additional intermediate care beds to manage patients requiring a slower period of reactivation or intermediate levels of professional service. (DALFAM) (HALIFAX)

HOME CARE

Implement the home care programme. (ALZSOC) (CHNANS) (DIOCESAN) (DUNCAN) (GRAND) (HCCB) (JENNER) (MACAIDS) (MARIHOME) (MORE) (NDP) (QNDP) (RICHMOND) (SANDERSO) (SOCIAL) (WHITNEY)

Establish a continuum of care by implementing a comprehensive hospital based home care programme, funded primarily by reallocating resources from traditional hospital services. (ALLSAINT) (BUCHANAN) (DIGBYGEN) (DIGBYMED) (EKM) (ESMH) (GUYSHOSP) (IWK) (MUSQUVAL) (NSAHO) (NSH) (RNANS) (STRITA) (STFX) (STMARTHA) (VHSA) (VICTORIA) (YARMOUTH)

Coordinate the home care program from and base it in a health care facility. (SRSENIOR)

Adequately fund the home care program. (CHNANS) (RICHMOND)

Resources be reallocated for home care services from acute care beds that are freed up. (DARTGENH) (NSDIET) (WHITNEY)

The Department of Health should be responsible for the medical aspects of the home care program, including the cost of respite care, health professionals' salaries, medicine and equipment for the home. (CHAD) (NSFCWA)

Regional hospitals need to develop home care programs which are clearly distinguished from discharge planning and homemaker services. (NSFCWA)

Home care services should be widely publicized, and rural Nova Scotians should be targeted for a public awareness campaign on home care services. (GERANS) (MACK)

Factors such as geography, proportion of the population over 65, and the lack of existing services must be considered when planning and funding the coordinated home care program for rural areas. (AMHERST) (RICHMOND)

Professional staff in homes for special care should be involved in the planning and implementation of the coordinated home care system in the province. (AHSC)

Existing organizations and resources, such as the Victorian Order of Nurses, should be fully utilized in the home care system. (HCCB) (CHAD)

The new services which should be provided as part of a home care program include: improved health and drug plans; improved methods to distribute supplies to care takers in remote areas; financial assistance for long distance telephone calls to the Izaak Walton Killam Hospital for Children; transportation and parking costs; structural changes to home; power costs due to use of medical equipment; day care services for siblings of affected children; increased space in nursing homes with capacity to look after children requiring respite care, and homemaker services. (NSFCWA)

The home care program should provide both homemaker service and personal care assistance. (MS)

The coordinated home care program consider the needs of various groups such as the disabled, the elderly, patients needing surgical after-care, informal care givers, chronically ill children, the families of women who are hospitalized or confined to bed, cancer patients, the terminally ill,and Alzheimers patients. (ACCH) (ALZSOC) (ALZSTR) (CANCER) (CBH) (CFIB) (CHAD) (DALFAM) (DES) (DUGUID) (HALIFAX) (HFXGPSOC) (IWK) (KELLY) (MS) (NSFCWA) (SRSENIOR) (SUTHSTAF) (SYDNEYBH) (UAC) (WILKINS)

Increase the Department of Health's involvement with on-going planning to integrate essential health services such as occupational therapy into the current home care plan being implemented by the Nova Scotia Department of Community Services. (NSASSOCC) (OCCTHER)

Establish admission criteria to the home care program by a local home care committee, perhaps a sub-committee of the hospital board, and hire a home care coordinator to administer the program. (ESLOW)

Establish positions within the Departments of Community Services and Health and Fitness to provide physiotherapy services in home care and homes for special care throughout the province. (PARKIN) (PHYSIO)

THE HEALTH CARE PROFESSIONS

Strategic Overview

(a) General

A human resource plan for the health sector be jointly developed by government, training institutions and employers of health personnel. (ABERDEEN) (ALLSAINT) (ANNAPOL) (CBH) (COLCHEST) (DARTGENH) (DIGBYMED) (EKM) (EMH) (ESMH) (FMH) (HIGHLAND) (MACDONEL) (NSAHO) (NSREHAB) (STRITA) (STMARTHA) (SUTHERMD) (VGSTAFF) (VHSA) (VICTORIA) (YARMOUTH)

A health professional licensing body needs to be created with the power to legitimize the health professionals in the public interest and to provide an interface between the disciplines. (VOLUNT)

Establish an independent investigative body to deal with complaints from patients. (WACNS)

Develop standardized communication and coordination procedures for all Nova Scotia health organizations, institutions and professiorals. (CHNANS)

Legal protection be afforded health professionals in the provision of care. (COBEQUID) (CREE) (DARTGENH) (DIGBYGEN) (DIGBYMED) (FMH) (HOLDEN) (MEDICAL) (NORTHHAR) (NSFAMDR) (ROSEWAY) (VOLUNT)

Implement an Accident Compensation Commission similar to the New Zealand model, replacing the present legal claims system. (DIGBYMED)

Inappropriate use of health services, and duplication of services need to be investigated in order to reduce overspending. (NSNU)

(b) Appropriate Utilization of Skills

Increase the role of allied health care professionals in the provision of health care services. (CAPE) (CERE) (CHNANS) (CNA) (CUPE) (DIOCESAN) (DUGUID) (ESMH) (FEDCOM) (HCCB) (ICMH) (IWK) (JENNER) (NSFEDLAB) (NSGEU) (NSNU) (RNANS) (SECOND) (SOCIAL) (STFX) (VAIL) (VON)

An independent examination is needed of several nursing issues, including a definition of tasks and skills required for the various levels and types of nursing practice. (ABERDEEN) (ALLSAINT) (BDREGNA) (CNA) (FMH) (MACNEIL) (NSAHO) (SUTHERMD) (YARMOUTH)

(c) Professional Standards

Responsibility for licensure, certification and standards for different health professions be separated from professional associations. (ALLSAINT) (NSACSW) (NSAHO) (SECOND)

Peer review programs and other monitoring mechanisms must be strong and consistent. (JENNER) (MEDICAL)

Community hospitals with a small number of professional medical staff must develop better mechanisms for peer review. (ESMH) (ICMH)

The regulation of ambulance services and education should be overseen by an Ambulance Committee that is composed of persons knowledgeable about pre-hospital care. (ROGERS) (SENEY)

Licensing of emergency medical services should be the responsibility of the Department of Health directly. (EMERGEN)

Ambulance operations should not be aligned with funeral homes in order to improve the credibility of ambulance services within the health profession. (CALDWELL)

Establish the Registered Technologist (C.S.L.T.) as the minimal acceptable standard, and this be the accepted standard for entry into the practice of medical laboratory technology. (MEDTECH)

Regulate the education and licensing of alternative health care professionals, including personal care workers, laboratory technicians, and others, to ensure that only qualified persons practice in the province. (CHNANS) (HOMES) (HORIZONS) (MEDTECH) (STJOHN) (WHEN) (WINS)

Standards of practice must be established, maintained and evaluated by the respective legislated bodies. (STFX)

The Department of Health establish standards for nursing care for private health agencies in cooperation with professional associations. (GIRARD)

(d) Continuing Education

Funding of continuing education for staff in rural areas, and for specialists to be brought in to provide continuing education. (BUCHANAN) (ESMH) (INSTCAS) (SUTHERMD) (SUTHSTAF)

Develop provincial standards for continuing education for all health professionals. (INSTCAS) (MARTEL) (METROIN)

Continuing professional education is needed to inform all health professionals and care-givers about new research and developments in health promotion, prevention/therapy, cost efficiency, etc. (CUPE) (HEART) (HFXGPSOC) (METROIN) (NSFAMDR)

Current sexuality/contraceptive in-services should be provided on a regular basis for doctors, public health nurses and social workers in Nova Scotia. (PLANNS)

Employ an education consultant, within the Department of Health, to provide a consultative service to health care educators and work on their behalf. (METROIN)

Make adequate funding available for the continuing education of medical laboratory technologists. (MEDTECH)

The government provide a vehicle for compensation for the professional who must undertake continuing education in both a financial commitment and a manpower commitment. (MARTEL)

Identify physicians treating significant numbers of patients over 65 years of age and encourage them to participate in geriatric education programs. (SMITH)

Continuing education and special training is needed for health and other professionals (e.g., police, educators) so they can be informed regarding the symptoms and special needs of the mentally ill (including schizophrenic, head injured, sexually abused, wife batterers, sexually abused). (FRIENDS) (HEADINJ) (KELLY) (PCMHA) (SSAV) (WACNS)

The importance of cultural awareness and sensitivity, and of the impact of cultural values and beliefs, in the provision of health care must be recognized in professional education and in public education regarding health issues. (NSCMH)

Employers promote continuing education and professional development opportunities for health care managers. (CCHSE)

Physicians

(a) Distribution/Recruitment/Incentives

A recruitment policy to attract and retain obstetricians is required to meet the shortfall in the province, particularly outside Halifax. (PEDDLE)

Introduction of a graduated tariff or the use of geographic restrictions on Medical Services Insurance billing numbers could solve the problems of physician and specialist distribution. (LOVERIDG) (ROSEWAY)

Relax immigration barriers to non-Canadian doctors as a method of recruiting physicians for rural areas. (CACTUS)

Health education programs be provided to enable foreign trained health professionals, including immigrant professionals, to participate in health care delivery in a manner that utilizes their knowledge and experience. Accreditation must also be seen within the context of the Charter of Rights and Freedoms and other human rights legislation. (NSCMH)

The Government must not impose limits on doctors as this will reduce the quality of care available to patients. (MEDICAL)

Any controls imposed on physicians must be at the entry point, i.e. at the medical school entry level, and not on physicians already graduated. (INTERNS)

The number of family practitioners in Nova Scotia should not be cut back until the full impact of changing disease patterns, technology, aging population and changing work patterns of family practitioners can be measured and assessed. (NSFAMDR)

Use incentives to induce physicians to establish practices in rural areas of the province, possibly in association with community and regional hospitals. (AMHERST) (CAPE) (DES) (DIGBYMED) (INSTCAS) (MACNEIL) (MARTEL) (NEELY) (NSFAMDR) (STMARTHA) (WINS)

Newly graduated doctors should be told where to serve for first 3 years or, alternatively, have them pay the cost of their medical education back to the Province. (INSTCAS)

Incentives should be provided to attract relief physicians to rural areas to take the pressure off rural solo practitioners. (NSCOOP)

Rural medical manpower needs require immediate review. (MARTEL)

Dalhousie University School of Medicine should give extra consideration to applicants from rural communities whose expressed wish is to return to that community. (MARTEL)

Improve the regional distribution of psychiatrists through incentives to locate outside the Halifax/Dartmouth area. (PSYCHIAT)

Reduce the shortage of psychiatrists in Nova Scotia through improved remuneration (NSH) (PSYCHIAT) with special mention of child and adolescent psychiatrists. (ACGC)

Develop a recruitment program to attract, certify, and retain American and overseas trained psychiatrists. (PCMHA) (PSYCHIAT)

There should be more doctors at outpatient departments, especially on weekends and holidays. (HORIZONS) (WILKINS)

Study doctor/patient ratio and staffing complement in Nova Scotian hospitals to compare with other provinces. (CFIB)

Study geographic distribution and number of physicians. (CFIB)

Use the validated lists of the Canadian Medical Association as a base for the manpower data of the Department of Health. (NSFAMDR)

Introduce a government-sponsored early retirement plan, with a pension of $75,000 per annum to encourage physicians aged 55 and over to leave practice to help curb rising costs. (FEINDEL)

(b) Training

Make mandatory education on sexual assault, incest, sexual abuse and victims' needs for all those entering the helping professions. (SSAV)

More detailed instruction be given about DES in medical and health professional education. (DES)

Adopt curricula in the medical schools which will encourage realistic attitudes towards women and sensitize physicians to the specific health concerns of women, and offer continuing education programs for those who have already graduated. (NSACSW) (WACNS)

Health care educators be involved in the implementation of changes recommended by the Royal Commission. (METROIN)

Ensure physicians are educated in the proper utilization of laboratory services. (MEDTECH)

Develop and implement basic awareness programs to assist physicians and institutions in becoming more sympathetic to the travel and other needs of families. (REDCROSS)

Physicians need to be trained to better communicate with patients, and parents of chronically ill children. (METROFAM)

Physicians should recognize that symptoms associated with menstruation, pre-menstrual syndrome, menopause, depression, loneliness, stress, and fatigue often have social rather than medical origins and that relief does not come exclusively from drugs, but rather, from nutrition, exercise, a decent standard of living, and a non-violent home. (NSACSW)

The principles and techniques of environmental medicine, chemical sensitivities and allergies should be instituted within the curriculum of the Dalhousie University School of Medicine. (HUMANEC) (RAJHATHY) (ROSS) (WACNS) (WHEN)

Newly graduated doctors should be apprenticed to an established practitioner for 2 years. (INSTCAS)

Establish a provincial protocol for agencies and professionals with interdisciplinary training sessions to coordinate a response to child abuse and neglect. (ANGLICAN)

Emphasize prevention in the training of all health care professionals. (COLE) (CPCNS) (HOFMAN) (JOHNSTON) (WACNS) (WHEN)

(c) Specialists

Reassessment of the General Practice/Anaesthesia training guidelines be undertaken to establish reasonable minimal requirements for training. (DIGBYMED)

There is a need for a greater number of specialists in the area of Gerontology, in view of the aging of the population. (CAPE)

Additional positions are required in the training programs for Diagnostic Imaging since the current studies clearly demonstrate manpower shortages both at present and in the future. (RADIO)

Steps should be taken to ensure an adequate supply of qualified health-care specialists and professionals, i.e. geriatricians, gerontologists, occupational therapists, dietitians, etc. It is also recommended that the medical training schools increase the training time in care to aging populations and provide incentives for physicians to specialize in this area. (AHSC)

Residency training programmes place greater emphasis on general specialist training to provide general specialists in Internal Medicine, General Surgery, Obstetrics and Anaesthesia for practice in community and regional hospitals. (DIGBYMED) (MACDONEL)

The Family Medicine Residency Training Program of Dalhousie University be supported by the Department of Health to allow all graduates who wish to become family practitioners the opportunity of a two year training program. (DALFAM) (HFXGPSOC) (NSFAMDR)

Dalhousie University School of Medicine should move to require graduates to do general practice before entering a specialty. (MARTEL)

Increase the number of psychiatry residency training positions [from 17 to 34] at Dalhousie University to meet provincial demands. (CBH) (PCMHA) (PSYCHIAT) (VALMEN)

Regional facilities should participate in the residency training programs. (STMARTHA)

An endocrinologist is needed in Cape Breton Regional Hospital to deal with the incidence of diabetes and related diseases. (LOVELACE)

(d) Hospital Relations

Alternatives to house staff are necessary to provide continuous physician coverage where needed in acute care units. Salaried physicians for these units are a possibility. (DALMED)

Establish a rental fee guideline for doctors' offices in hospitals, based upon rates in commercial office buildings and the cost of extra services provided within the hospital setting. (SOCIAL) (WALLING) (NEELY)

Charge physicians in teaching hospitals rent for office space and reduce their fee by 35% to cover overhead costs. (CFIB)

Compensate physicians for administrative duties. (DARTGENH) (DIGBYMED) (MACDONEL)

Recognize the family practitioner as the patient's advocate. (NSFAMDR)

The specialists in diagnostic imaging should play a more major role in the design of the investigation and treatment of the patients in order to reduce duplication and over-utilization. (RADIO)

Rural hospitals should subsidize physicians performing an on-call service in Anaesthesia. (DIGBYMED)

Increased activity by family physicians within secondary and tertiary hospital care settings should be encouraged with the aim of more appropriate and cost effective care. (NSFAMDR)

Review hospital policy in order to allow physicians courtesy privileges for their patients in hospitals where the physician does not have admitting privileges. (WHYDEVCO)

Teaching hospitals should provide opportunities for family physicians to care for their patients in hospital and to take an active role in coordinating and providing continuity to patients in all hospital services. (DALFAM) (HFXGPSOC)

All family physicians' sign out arrangements should include provision for personal care for urgent medical problems. (HFXGPSOC)

(e) Medical Services Insurance (MSI) Related Issues

Physicians should be appropriately remunerated for the practice of preventive medicine. (DALFAM) (HFXGPSOC) (MAIN) (QUEENSMD) (SUTHERMD)

Revise the physician billing system to include compensation for home visits. (HALIFAX)

Review the impact of the fee-for-service system on total health costs and introduce a time element into the physicians' payment formula. (ALLSAINT) (ESMH) (MACNEIL) (NSAHO)

The implementation of methods of remuneration other than fee-for-service for physicians should be explored. (GERIAT) (HFXTRADE) (JENNER) (MAROUN) (SCOTTEV)

Cap amount paid to Physicians from Medical Services Insurance. (INSTCAS)

Physicians' practices must be included in health care budget expenditure scrutinization performed by Government. (SOLDIERS)

All health care professionals should be salaried. (STFX)

Doctors should be supported in their efforts to practice appropriate preventive care, including preventive care provided through the hiring of other health professionals in the context of a family practice. (DALFAM) (NSFAMDR)

Family physicians should be specifically supported where they provide patient education programs aimed at improving the ability to provide self-care or care in the home. (HFXGPSOC)

Medical Services Insurance should advise physicians that if patients' problems persist after two visits, the patient must be referred to a specialist. (NEELY)

(f) Administrative Issues

Nova Scotia should continue its pursuit of a coordinated home care program that includes health services, with the family physician providing continuity and appropriate medical input. (DALFAM) (HFXGPSOC)

Family practitioners in this province be encouraged both with resources and cooperation of the Department of Health to assume a coordinating role in the overall care of their patients, e.g. continuing medical education courses, new methods of payment for administration time, incentives to interact with other health care professionals, support of better communication methods such as computers and FAX machines. This coordinating role involves utilization of other health professionals and health services such as home care. (NSFAMDR)

The government should pass legislation to protect physicians who carry out AIDS tests without obtaining consent of patient. (CREE)

Review the current policy regarding the reporting of sexually transmitted disease statistics by physicians as many physicians currently do not report cases of sexually transmitted diseases. (PLANNS)

The Allied Health Professions

(a) General

The level of education required by health care workers should be related to the level of care they are providing. (BDREGNA)

There must be rationalization and coordination of health care worker education and training programs. (MEDICAL)

Health care workers require greater training in gerontology and geriatrics. (DUNCAN) (GERANS)

The possibility of training paramedics to enrich rural medical facilities should be investigated. (FEDCOM)

(b) Working Conditions

Working conditions for ambulance attendants must be improved. (CALDWELL) (CUPE3264) (ROGERS)

Through one negotiating body, determine salary and benefit guidelines for laboratory personnel which can then be applied to all employers and allow the Nova Scotia Society of Medical Laboratory Technologists input to these negotiations. (MEDTECH)

Standardized criteria for all levels of health-care facilities be developed, including standards for staffing and funding as a basis of common understanding of all service sectors. (AHSC) (HOMES) (QUEENS) (QUEENSM)

There is a need for nursing workload assessment systems. (HOLDEN)

Staffing guidelines and hours per patient must be increased. (HOLDEN)

Hire the numbers of nurses, and other paraprofessionals and support staff which will reduce or eliminate worker stress. (HOLDEN) (NSGEU)

Direct all provincial hospital administrators to review staffing policies, particularly those of direct concern to nurses and nursing support. (NSGEU)

Relieve health care professionals of paperwork by all possible means. (HOMES)

Establish a single province-wide bargaining unit for hospital employees. (NSGEU) (NSNU)

(c) Chiropractors

Improve inter-professional dialogue and referral between the medical and chiropractic professions in the best interests of patients. (CHIRO)

(d) Clinical Psychologists/Other Mental Health Professionals

Reduce the shortage of other mental health professionals including Ph.D. level clinical psychologists and neuropsychologists, M.S.W. level clinical social workers, and M.Sc.N. and B.Sc.N. level psychiatric nurses (VAIMEN) by funding additional positions within the public mental health service, improving remuneration, and expanding the training programs. (PSYCHANS) (PSYCHIAT) (WACNS)

Psychologists should have admission and treatment privileges in conjunction with a physician to hospital facilities as is common with dentistry. This practice will provide inpatients with direct access to psychologist services and allow for patients with mental health problems to receive primary treatment in hospital from their community therapist of choice. (KRANE) (WARNER)

Nova Scotia school boards should hire trained health education teachers (CMHAHFX) , as well as psychologist and social workers to help students and families. (JACK)

Increase and develop doctoral level training in Clinical Psychology at Dalhousie University. (PSYCHANS)

Review arrangements between educational institutions and service facilities for funding students' practica in mental health services to balance benefits to each party. (ACGC)

(e) Certified Nursing Assistants

Maintain and upgrade the Certified Nursing Assistant program. (HOMES)

Nursing assistant spokesmen have long and consistently advocated that nursing assistant education practices should be removed from the influence of registered nurse associations. (CNA)

As population ages there should be an even stronger role for the certified nursing assistant in long term care facilities and in the home. (CNA)

The certified nursing assistant should be able to give medication in chronic or long care settings. (FEETHAM)

The Minister of Health direct health care institutions to fully utilize certified nursing assistants within those institutions and prevent further erosion of the ratio of registered nurses to certified nursing assistants. (NSNU)

(f) Emergency Medical Attendants

Mandatory formal training for ambulance attendants is required to improve the quality of care; the structure and content of the program must be improved. (CALDWELL) (COLCHEST) (CUPE3264) (NDP) (PREHOSP) (ROGERS) (SOCIAL) (WILKINS) (WINS)

Ambulance services should be able to provide "total care" services. (CLARKE)

(g) Health Sciences Librarians

The Department of Health and Fitness should hire a librarian to provide consultant services in the area of health resource information, and to act as a resource for the personnel in the Department of Health. (MHLA)

(h) Hospital Administrators

Search committees appointed to hire new Chief Executive Officers should be encouraged to include at least one Certified Member of the College. (CCHSE)

Government Commissions and Task Forces designated to study major health care issues and future health care planning should include Certified Members of the College in their deliberations. (CCHSE)

Government should support Dalhousie University's graduate program in Health Services Administration, and fund Administrative Fellow residencies in Nova Scotia health care organizations. (CCHSE)

Employers recognize that high quality management can only be recruited and maintained by the offering of salary/benefit packages that are competitive both within the field and the open market. (CCHSE)

A greater emphasis on health promotion and continuity of care requires professionally competent health care managers. (CCHSE)

(i) Medical Laboratory Technicians

Laboratory managers must have the training and authority to eliminate particular test ordering to reduce over-utilization of lab services. (CLINLAB)

Give increased recognition to qualified medical laboratory technologists for senior administration positions in the laboratory. (MEDTECH)

Maintain laboratory funding at a level adequate to hire sufficient numbers of trained staff to perform the tests, etc., ordered by physicians. (CHEMISTS)

The recommendation of the Scientific Advisory Board of the Nova Scotia Institute of Technology and Combined Faculty Committee for Laboratory Training in Nova Scotia, made to the Royal Commission on Post Secondary Education, that more efficient use of all teaching facilities would be possible under the formation of a Division of Health Sciences Education is endorsed. (MEDTECH)

(j) Midwives and Related Maternity Care Professionals

Re-evaluate midwifery. (HFXTRADE)

Appoint a Provincial Task Force to study the implementation of midwifery in Nova Scotia. This task force should be made up of midwives, consumers, health educators, health professionals and administrators. (PCANS)

Midwifery, if introduced in Nova Scotia, should be a licensed profession with the practitioners being part of an obstetrical team working in the hospital environment. (PEDDLE)

Recognize midwifery as an independent and valued profession, and take immediate steps to integrate trained and skilled midwives into our health care system. (APSAC) (AWOMEN) (MAKHAN) (MIDWIFCO) (NICOLETT) (NSACSW) (NSCEA1) (NSFEDLAB) (PCANS) (QNDP) (RUBEN) (SECOND) (SOCIAL) (WACNS) (WHEN)

Maternity nurses should undergo special training. (WILKINS)

Expand para-medical support programs to assist community based maternity care programs. This would entail extensive use of nurses, public health nurses, midwives, social workers, community agencies, childbirth educators and other para-medicals within the planning and function of the program. (PCANS)

(k) Nurses

Investigate the potential of the nursing practitioner service and the expansion of community health care services. (CHNANS) (IWK) (NSGEU) (RNANS)

It is all very well to try to save money but the money should not be saved in the area of nursing. (HOLDEN)

Funding should be increased to support nursing research. (STFX)

The retention of the Registered Nursing Teaching Hospital Program is recommended. (HOMES)

The Bachelor of Nursing degree is supported as the entry level qualification. (CHANS) (RNANS) (STFX)

Increase funding to universities to allow for expansion of baccalaurate nursing education programs. (STFX)

An independent examination of the implications of the baccalaureate degree as the basic educational preparation for nursing should be made. (ABERDEEN) (AHSC) (ALLSAINT) (FMH) (MACNEIL) (NSAHO) (NSNU) (SUTHERMD) (YARMOUTH)

An expanded role for nurses increases the importance of training and education. Diploma nurses who seek upgrading must be supported, assisted, and encouraged. (CHNANS)

The teaching of the principles and techniques of environmental medicine should be instituted within the curriculum of the Dalhousie University School of Medicine and School of Nursing. (ROSS) (WHEN)

More funding must be set aside for specialty training of nurses. (HOLDEN)

Family planning nurses, trained and specifically assigned to the promotion of this topic area, should be instituted in every Health Unit in Nova Scotia. (PLANNS)

A full-time nurse coordinator be hired to assure appropriate follow up care for children with spina bifida, reducing personal costs and numbers of visits to the hospital. (SPINA)

Examine the nursing bureaucracy and hierarchy of nursing status to determine whether or not a better approach can be designed. The opportunity for planning, decision making, creativity and enhanced responsibility in the practice of the profession needs to be created. (RNANS) (NSNU)

The nursing manpower situation must be addressed. There is dissatisfaction among nurses due to working conditions, demands for increased productivity, work volumes, and lack of recognition. (HOLDEN) (NSGEU) (SUTHSTAF)

Make public health nurses responsible for the entire immunization series, enabling them to engage in early intervention. (WHALEN)

Increase the number of Community Health nurses serving rural areas with increased funding to provide preventative health programs. (WINS)

Nurses should be carefully and thoroughly screened for personality traits. (NEELY)

(l) Nutritionists

Fill additional positions for community nutritionists within the Department of Health. (NDP) (NSNUTRIC)

(m) Occupational Therapists

Reallocate funds within hospitals and health care institutions to increase staff complements of occupational therapists in hospital departments throughout Nova Scotia. (NSASSOCC) (OCCTHER)

Create Occupational Therapy Clinical Research positions in designated occupational therapy facilities, both urban and rural. (NSASSOCC) (OCCTHER)

Provide incentives to existing occupational therapy services to design and conduct research projects that would demonstrate the cost-saving effects of community occupational therapy programs. (NSASSOCC) (OCCTHER)

(n) Optometrists

The province should fund a number of student positions in Optometry at the University of Waterloo. (OPTOM)

(o) Pastoral Care Givers

The Province of Nova Scotia should establish a relationship with the various religious denominations in the province to cost-share programs to train personnel and coordinate a uniform approach to pastoral care. (IPT)

Through the Department of Health and Fitness, establish and coordinate pastoral care units and programs in all health care institutions with the appropriate trained personnel, office space and operating budget. (ANGLICAN)

The Province of Nova Scotia should recognize that adequate training facilities and programs are necessary for pastoral care workers. (IPT)

(p) Personal Care/Home Care Workers

Develop a vocational/technical training program for geriatric and disabled care-giving. The existing health professional, support professional programs should specifically address geriatric and disabled care-giving. (GRAND) (HOMES) (QUEENS) (QUEENSM)

The home health care aide should not be put in a position of assessing or coordinating health related matters, changes in condition or dealing with situations requiring professional counselling. (VON-Y)

(q) Pharmacists

The role of pharmacist should be expanded to include primary health care (prevention, health promotion, drug counselling and education, poison control, screening), leading to better patient compliance, drug utilization, and a more effective health care system. (PHARMACY)

(r) Physiotherapists

Assess staffing needs of physiotherapy and occupational therapy at the Izaak Walton Killam Hospital for Children. (METROFAM)

Increase the enrollment of the Dalhousie School of Physiotherapy to meet Nova Scotia's needs. (PHYSIO) (SOCIAL)

Increase physiotherapy services by physiotherapists specializing in neurological disorders. (PARKIN)

Create a mandate and provide funding to the School of Physiotherapy in Nova Scotia to develop and implement a program for the training of physiotherapy assistants. A diploma program or other certified program adhering to provincial standards should be developed under the supervision of physiotherapists. (PHYSIO)

Adjust the salary scale and career structure of physiotherapists to a competitive level. (PHYSIO) (SUTHSTAF)

Enact provincial legislation to facilitate patient access to physiotherapy replacing the requirement for a written diagnosis and prescription with phraseology which will legalize verbal or telephone referral and standing orders. (PHYSIO)

Establish a full-time position for a provincial recruitment officer and a program of incentives to retain physiotherapy graduates in Nova Scotia. (PHYSIO)

(s) Social Workers

Social work departments of hospitals should be expected to coordinate a home care service and ensure that it is functioning for at least one month after a patient's discharge from hospital. (GIRARD)

Social workers are the experts in the area between hospital and community, and thus efficiency in discharge planning can best be met by an adequate social work staff. Three social workers per 100 hospital beds is the recommended ratio. (GIRARD)

ALTERNATE SERVICE AND DELIVERY MECHANISMS

Health Care Centres

Decentralize the health care system and provide integrated, multi-disciplinary health care through regional and community health centres. (CUPE) (DIOCESAN) (FEDCOM) (HCCB) (MAROUN) (NDP) (NSCOOP) (NSFEDLAB) (SECOND) (SOCIAL) (SSAV) (VON) (WACNS) (WHITNEY)

The province should fund and support a central organization to aid the development of community health centres. (FEDCOM) (NSCOOP)

The number of community health care centres in Nova Scotia should increase, and some of these new centres should be based on the cooperative model. (NSCOOP)

Alternative funding arrangements should be allowed for community health centres, including global funding or capitation-negation, or failing these, supplemental core funding with fee-for-service. (FEDCOM) (NQUEENS) (NSCOOP)

Increase funding for alternative services, including community health clinics, women's services, home care programs and health promotion. (CHNANS) (NDP) (SECOND) (SOCIAL) (WACNS) (WACREPRO) (WHEN)

Staffing for community health clinics should be at least one physician and one nurse. (NSCOOP)

The province should encourage the development of community-based, ambulatory health services and discourage additional high-cost institutional care. (FEDCOM)

Community Health Councils should be set up to monitor the health needs of rural communities. (INSTCAS) (VICTORIA)

Use mobile health clinics to provide services to the elderly and to rural populations. (HOMES) (SRSENIOR)

Computerized diagnostic services are suggested as a means of providing health services in remote areas. (MAROUN)

Optometry must be more completely integrated into the health care delivery system. (OPTOM)

Develop and execute a comprehensive regionalized plan for province-wide maternity care, coordinating all existing and future facilities, programs and care-providers, with the emphasis on family centered programs. (PCANS)

Develop a spectrum of alternative birth settings for use within the regionalized framework of maternity care. These would include in-hospital birthing rooms and centers, free standing birth centers and home birth. (PCANS)

Childbirth should take place in hospitals. (PEDDLE)

Establish women's health centres to deal with women's special health needs including reproductive health. (AWOMEN) (CRIAW) (NSACSW) (QNDP) (WACREPRO) (WHEN)

Establish as a preventive measure, community based services, support groups and other means of counselling to deal with the stress in women's lives that leads to the dependency on alcohol and drugs. Include "women only" support groups, feminist therapy, child care for in-patient treatment and job training for economic dependants. (WHEN)

Establish or license a network of autonomous free-standing abortion clinics and include their services under Medical Services Insurance coverage. (NSACSW) (MACCULLO) (CARAL)

Provide subsidies to women travelling from rural areas to obtain abortions until the network of clinics is fully operational. (CARAL)

Health Care Services

Develop a means of increasing the number of organs available for donation in Nova Scotia. (DUGUID) (NDP)

There is need for a comprehensive and coordinated approach to respite care. (FEDCOM) (RESPITE) (UAC)

Respite beds and day care services could be offered through the facilities of homes for special care, while day hospital services should be hospital-based. All of these programs should be developed in a coordinated manner by a single government agency. (HOMES)

Respite beds should be recognized and could be cost shared with the patient or family care givers. (ALLSAINT) (CFIB) (MACNEIL) (NSAHO) (ROSEWAY) (SUTHERMD)

Further duplication of respite care beds (being provided both in hospital and in homes for special care) should be avoided. (AHSC)

Support and respite care services should be available to families who care in their own home for multi-handicapped or severely delayed children, the elderly, persons who are HIV seropositive and the chronically ill, on a basis which is related to need, not income. (ALZSOC) (COMMUN) (NSFCWA) (PROGRESS) (RESPITE) (SRSENIOR) (VCDA)

Respite care beds must be provided in nursing homes (not hospitals), and must be fully funded and protected by the municipality. (GERANS)

Develop support systems for family health care, i.e. extensive home support, palliative and respite care. (FEDCOM)

Establish palliative care units in every community and regional hospital, in nursing homes and in the home care program and encourage palliative care in private care agencies. (ABERPALL) (ANGLICAN) (CANCER) (CPCNS) (DALFAM) (DART) (GIRARD) (HFXTRADE) (HOSPICE) (KELLY) (NSFCWA) (SUTHSTAF) (TRUROPAL)

Provide care for the care-givers as part of any palliative care program. (ANGLICAN)

Make available continuing training in the care needs of the dying for all staff and volunteers who work with the terminally ill. (ANGLICAN)

Through the Church, State, and health care institutions ensure the maintenance and enhancement of pastoral care as a vital component of the Health Care delivery system. (ABERPAST) (ANGLICAN) (IPT) (NSFCWA) (PASTORAL)

Pastoral care services in health care institutions be funded by the province. (ABERPAST) (DARTGENH) (DIOCESAN) (HFXCHURC) (PASTORAL)

Encourage cooperation between Pastoral Care Departments and other related health care department (units) to ensure full patient care and to avoid duplication. (IPT)

Adopt the concept of unit chaplain in the delivery of pastoral care. (ABERPAST)

Prescribing drugs should be one alternative; referrals should be made to mutual self-help groups, social agencies, or other professionals where appropriate. (DES)

Self-help, mutual aid and voluntary organizations should be recognized for their unique contribution to the array of health care services and should receive government funding. (ALZSOC) (CANCER) (CBH) (CMHAHFX) (CMHANS) (DES) (EMOTIONS) (HEART) (HFXTRADE) (MACAIDS) (MAIN) (PLANNED) (SCHIZO) (SEARCH) (SECOND) (SELFHELP) (WACNS)

Establish a process for recruiting and training volunteers. (HOMES)

Increase support for rehabilitation programs, both institutional and community based voluntary programs. (HEART)

Educational programs and workshops should be provided to those directly caring for persons with Alzheimer's. (ALZSOC)

Genetics service and counselling as provided presently by the Atlantic Research Centre for Mental Retardation should be supported and expanded. (ARCMR)

Create an advocacy and support group to assist families with chronically ill children. (COLDWELL)

Develop a more responsive protocol for dealing with Down's syndrome children and their parents. (METROFAM)

Research the need and implement a province wide system for equipment provision, including allowance for long term loans, utilizing the knowledge and expertise found in the voluntary sector. (MS) (PARKIN) (REDCROSS)

Implement delivery standards that would address minimum requirements for safety, maintenance, client protection and liability to ensure the safe professional operation of all loan agencies or groups. (REDCROSS)

Ensure that access to home use medical equipment that has been recommended by a health professional not be limited by the ability to pay. (MS) (REDCROSS) (UAC)

Pay a "cost of disability" supplement or allowance monthly to all people with disabilities. (UAC)

A brokerage system be developed where a disabled person can be provided with the funds to hire, manage, and terminate an attendant. (UAC)

A disabled person be recognized as the central figure in any assessment done to determine the need for attendant care. (UAC)

Attendant care for quadriplegics and other persons with high levels of disability be available under a provincial program which would ensure availability and consistency of care. (CANPARA)

Financial compensation for caregivers of a disabled family member be considered as a less costly alternative to institutionalization. (UAC)

Family doctors should have direct access to a tribunal of professionals in cases of suspected mental illness where a patient either cannot or will not admit the need for help. This body should be empowered and equipped to assess a patient holistically rather than the present reliance on a series of tests and questions that any intelligent, albeit mentally ill, patient can pass easily. (KELLY)

Existing social services, mental health and volunteer programs should be combined in an effort to alleviate extreme poverty and to provide support systems and the enhancement of coping skills for people who are exposed to risk factors (re mental health and serious depression and anxiety disorders). (LEIGHTON) (VOLUNT)

Community services and health care services directed to mental health must be flexible and sensitive to the cultural context of individuals and communities. (NSCMH)

Families of people experiencing mental health problems should have easier access to the professionals providing treatment, to information about the person, and better support services. (CMHAHFX) (SCHIZO)

Implement a multi-level approach to deal with the problem of dementia. (GERIAT)

Improve the social services available to persons with chronic mental disorders by increasing the provision of sheltered and supervised housing, temporary "safe houses", sheltered employment, social and vocational rehabilitation services, and by developing social and occupational maintenance programs. (CBBMH) (FRIENDS) (PCMHA) (PSYCHIAT) (VOLUNT)

Rehabilitation of mentally ill patients and reintegration within the community requires more resources than custodial programmes. (NSH)

More psychiatric services that are accessible to the community and that would make visits to people in their homes are needed. (MAIN)

A 24-hour crisis intervention and coordinated emergency response service for psychiatric or drug-related episodes is needed in Nova Scotia communities. (CMHAHFX) (SCHIZO)

Ensure adequate mental health services are covered by employee insurance and encourage employers with group insurance to include adequate coverage for mental health services. (TRUROCHC)

A freestanding, 10 bed Quarterway House should be established to provide an intensive psycho-social treatment program for successful transition to community living. (CBH)

Cairdeil Place in Sydney should be used as a model community resource centre for the mentally ill elsewhere in the province. (CBHMH)

Increased liaison with the federal and provincial housing authorities is needed to increase the supply of affordable housing for mentally disordered individuals. (PCMHA)

Guidelines for employment counselling for the mentally disabled should be reviewed, especially with reference to those under the Federal Disability Program. (KINGSMHA)

Increased liaison with federal government is required to make available at CEIC centres one counsellor trained in the employment needs and abilities of those who suffer from mental disorders. (PCMHA)

Development of employee assistance programmes for drug and alcohol abuse and other areas of mental health for small business. (TRUROCHC)

A program that would include a visitation to a family (of schizophrenic) by a Friends Of Schizophrenia member who has experienced similar situations is recommended. (SCHIZO)

Specific programming for persons suffering from both schizophrenia and substance abuse--Health and Commission on Drug Dependency--is recommended. (SCHIZO)

Develop a multi-discipline case management team for schizophrenics to provide a single-point source of care, support, follow-up, and after care. (SCHIZO)

A separate facility should be developed by the Departments of Health and Corrections to allow schizophrenics to fulfill obligations to society and improve mental health. (SCHIZO)

The province should develop and maintain a head injury prevention and treatment program, including evaluation, counselling, and facilities. (HEADINJ) (KRANE)

Increase effective service delivery by employing large numbers of both professionals and non-professionals with interest and knowledge in the field of adult incest survivors. (SSAV)

Residential facilities and assistance for independent living for the physically or mentally disabled and the chronically mentally ill should be provided. (CBH) (DES)

Establish mobile Multiple Sclerosis assessment clinics on an outpatient basis in the regional hospitals. (MS)

Using a model similar to Service for Sexual Assault Victims, set up programs offering counselling services on a regional basis throughout Nova Scotia for adult survivors of sexual assault and sexual abuse. (SSAV)

Establish a Court Clinic for the assessment and treatment needs of children before the courts in Young Offenders, custody-access, and protection cases. (ACGC)

The Department of Health should institute a program to ensure appropriate medical follow-up to burn patients, including provision of necessary pressure garments, bandaging, ointments, lotions, creams, sun blocks, eye medications, anti-histamines, and transportation subsidies, for up to 24 months after release from Burn Units. (BURN)

A special facility for the treatment of the environmentally hypersensitive be built in Nova Scotia to provide a 'safe area' of several hospital beds for these patients. (ALLEN) (BURHOE) (COLE) (HUMANEC) (ROSS) (WACNS)

Nutrition counselling, stress management and other support services should be provided to help families cope with environmental illness. (HUMANEC)

Environmental hypersensitivity should be recognized as a disability. (CHAD)

Centres for the treatment of AIDS patients should be considered for purposes of developing expertise as well as for research. (EKM)

Establish a special residential facility for AIDS patients. (CUPE)

Community services, including health services, should be provided to persons, including refugees, to assist with relocation and adaptation. (NSCMH)

Use of state of the art telecommunications to provide consultations "on the spot" to rural areas, particularly in cardiology and radiology. (BUCHANAN) (IWK)

Helicopter rescue services must be based in the Yarmouth area to serve the offshore fishing industry. (MFU)

An air ambulance service should be established as a pilot programme for both adult and pediatric patients, with the Izaak Walton Killam Hospital for Children having input into the establishment of pediatric transportation standards and ongoing operations. (IWK)

A centralized emergency dispatch telephone system in Nova Scotia which would cover all emergency services, including ambulances, is needed. (CANNING)

Establish an Emergency Medical Services Systems (EMSS) Committee to oversee the planning and implementing of a province-wide emergency medical services system, eg. 911. (EMERGEN)

This Emergency Medical Services Committee should include representatives of government, ambulance personnel, emergency nurses and specialists in emergency medicine. (EMERGEN)

The (911) Emergency Medical Services System under the supervision of emergency medical physicians should be used as an organizing body for the ensuring the quality of pre-hospital care. (PREHOSP)

Implement province-wide the "Blue Alert" or "Lifeline" programs presently available to seniors and the disabled in Halifax and Cape Breton areas. (CHAD)

FUNDING

Disability pensions paid by private insurance companies should not be discontinued at age 65. (CANPARA)

The funding of medical laboratories requires the urgent attention of the Royal Commission on Health Care. (MEDTECH)

Give health agencies access to Public Service payroll deductions for donations to support their work. (CANCER)

Provide Provincial assistance to the various charitable agencies providing non-medical services to low-income families by : a) annual financial grants for this purpose and/or b) a simple promotional campaign encouraging charitable donations for this purpose. (REDCROSS)

Increase funding for the Atlantic Centre for Child Guidance to provide services needed, especially in Sackville and the Eastern Shore. (ACGC)

Increase government spending in real terms on mental health services in Nova Scotia. (PSYCHIAT)

Contribute provincial funds to the proposed lodge to house cancer patients during visits to Halifax for treatment. (CANCER)

The Minister of Finance should examine the feasibility of increasing revenues from the provincial sales tax by collecting the tax on items purchased out-of-province from mail-order firms and by removing some of the exemptions currently in place. (UAC) (CHAD)

The amount which is currently spent on health care should be increased by raising the Provincial Sales Tax and pressing the federal government to increase its cost-sharing to match these increased costs on a 50/50 basis. (ROSEWAY)

The Department of Health and Fitness should provide funding for the Kellogg library to assist it in providing library services to the health care community and to the Department. (MHLA)

The establishment of day care facilities for the children of women who work in the health care system is urged. (CUPE) (SUTHSTAF)

Subsidized child care for developmentally delayed children which includes attendant care, either at home or in the child care centre, the increased insurance costs for day care/preschool and visiting medical personnel to administer medications, etc. (PROGRESS)

Municipal social assistance payments should be uniform throughout the province. (KIERST)

Review the social assistance system, and, in particular, make the special needs assistance for health-related needs more responsive and comprehensive. (BLOUIN)

Clarify and simplify the criteria, the procedures and the allowable expenses for those persons on social assistance or on other fixed incomes within the Department of Community Services and the municipal Social Services Departments. (e.g. pensions, UIC) or low income (e.g. seasonal or part time income). (REDCROSS)

The Canadian Cancer Society should implement a graduated income scale as part of its eligibility requirements which would reflect the number of dependents in a family. (PENNEY)

The Canada Assistance Plan should be reviewed. (KIERST)

The Health/Social Services Sections of the Settlement Act should be abolished so that social assistance is equitably accessible throughout the province. (NSH)

The provincial government continue to lobby for federal sales tax exemption for alternate providers of health care. (COBEQUID)

User fees should be implemented. (NQUEENS) (ROBY)

Recommend against the taxing of dental services and encourage the government of Nova Scotia to seek federal sales tax exemption for these services. (DENTISTS)

Money for health care should be taken from the proceeds of either an existing or a new lottery. (DUGUID)